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ABSTRACT

This monograph was developed to provide mental health and other service delivery workers with an overview of conceptual, programmatic, and educational developments in mental health services to disaster victims over the past 10 years. It was written primarily for national policymakers, administrators, and service providers of disaster relief programs; for state mental health emergency coordinators; and for regional Public Health Service and Federal Emergency Management Agency emergency coordinators. Chapters include: (1) "Mental Health Programs in Disasters: 1974-84" (Mary Lystad); (2) "Crisis Counseling Principles and Services" (Raquel E. Cohen); (3) "Family and Community Outreach in Times of Disaster: The Santa Cruz Experience" (Jack Peuler); (4) "Public Education Materials for Victims and for Their Families, Schools, and Neighborhoods"; and (5) "Special Programs for Children" (Mary Lystad). An annotated list of mental health reference materials for disaster workers and adult victims and an annotated list of books for child disaster victims by age group are appended. (NB)

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Innovations in Mental Health Services to Disaster Victims

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute of Mental Health

Innovations in Mental Health Services to Disaster Victims

CMHSE

Center for Mental Health Studies of Emergencies

edited by Mary Lystad, Ph.D.
Chief, Center for Mental Health Studies
of Emergencies
National Institute of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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Foreword

The purpose of this monograph is to provide mental health and other service delivery workers with an overview of conceptual, programmatic, and educational developments in mental health services to disaster victims over the past 10 years.

The Disaster Relief Act of 1974 (Public Law 93-288) was signed into law in May 1974. Section 413 of that act for the first time provided for mental health crisis counseling services and training as part of the relief effort. The National Institute of Mental Health (NIMH) was authorized to provide such programs in Presidentially declared disasters and for 10 years has worked cooperatively with the Federal Emergency Management Agency (FEMA) in implementation of the act. NIMH administers and FEMA provides funds for the program.

This monograph addresses some of the important lessons learned during the period. It is directed to national policymakers, administrators, and service providers of disaster relief programs, to State mental health emergency coordinators, and to regional Public Health Service (PHS) and FEMA emergency coordinators. It should also be useful to American National Red Cross (ANRC) chapter directors and to administrators of B'nai B'rith, Church World Services, Mennonite Disaster Service, National Catholic Disaster Relief Committee, The Salvation Army, Volunteers of America, and other national voluntary organizations active in disaster relief.

The work is a followup to an NIMH symposium on Innovations in Mental Health Care to Disaster Victims, held in Washington, DC, on May 23, 1984. The symposium brought together planners, service providers, researchers, and staff of NIMH, FEMA, and ANRC to commemorate a 10-year collaboration, to assess the impact of these past 10 years of programming, and to consider future directions.

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Chapter 1

Mental Health Programs in Disasters: 1974-84

Mary Lystad, Ph.D.

The National Institute of Mental Health (NIMH) has during this past decade administered service delivery programs for disaster victims, funded related research programs on psychosocial response to natural and technological emergencies, and supported disaster preparedness for prevention of mental health sequelae to such crisis events. In May 1983, NIMH's activity in the area of disaster-related mental health problems was expanded with the establishment of the Center for Mental Health Studies of Emergencies (CMHSE), which administers the agency's crisis counseling program. It is the focal point in the Public Health Service (PHS) for research and public education on mental health emergencies resulting from environmental crises and catastrophic events. It also plays the lead role within PHS for planning for alcohol, drug abuse, and mental health services nationwide in times of mass emergencies. In all three activities, the center works closely with the Federal Emergency Management Agency (FEMA), the Department of Defense, and other public and private agencies involved in disaster relief efforts.

Service Program

NIMH provides grants to States for crisis counseling programs in cases of Presidentially declared disasters, when available State and local resources and services are inadequate. Funds for this activity come from FEMA. Support has usually been provided for a period of 6 months after the first day of service. In addition to crisis counseling services, such programs typically include substantial consultation and education to social service agencies and other community groups, as well as outreach to victims.

In the first 10 years of NIMH's crisis counseling activity, a total of 33 grants were funded (table 1).

Epidemiological data on the mental health consequences of disasters are sorely lacking, but it has been conservatively estimated that 10 percent of disaster victims suffer adverse psychological effects. Problems range from subclinical states of anxiety

Table 1. NIMH crisis counseling projects: 1974-84

Type of disaster	Disaster date	Location	Project period
Winter storm/flood	01/14/74	Alaska	05/05/75-11/04/75
Tornado	05/07/75	Nebraska	06/27/75-01/15/76
Flood	06/07/76	Idaho	08/01/76-04/30/77
Flood	08/01/76	Colorado	10/01/76-03/31/77
Flood	04/05/77	Kentucky	08/08/77-02/07/78
Flood	04/05/77	West Virginia	06/13/77-03/13/78 08/08/77-02/07/78
Flood	07/21/77	Pennsylvania	07/29/77-10/22/77 09/28/77-06/30/78
Flood	11/09/77	North Carolina	03/15/78-09/15/78
Blizzard/flood	02/10/78	Massachusetts	03/08/78-12/08/78
Tornado	04/10/79	Texas	08/07/79-05/04/80
Flood/tornado	04/16/79	Mississippi	09/05/79-06/04/80
Hurricane	09/02/79	Puerto Rico	03/01/80-09/30/80
Hurricane	09/13/79	Alabama	01/20/80-11/20/80
Flood/mudslides	02/21/80	California	08/01/80-05/31/81
Volcano	05/21/80	Washington	01/12/81-10/12/81
Hurricane	08/11/80	Texas	02/01/81-07/31/81
Typhoon	03/24/81	American Samoa	09/01/81-03/28/82
Fire	12/04/81	Massachusetts	01/04/82-07/04/82
Flood	01/07/82	California	05/17/82-05/31/83

Table 1. NIMH crisis counseling projects: 1974-84 (Continued)

Type of disaster	Disaster date	Location	Project period
Flood	03/02/82	Indiana	07/01/82-01/31/83
Tornado	06/05/82	Illinois	08/15/82-02/15/83
Flood	06/14/82	Connecticut	11/15/82-06/20/83
Flood	12/10/82	Missouri	04/04/83-11/03/83
Flood	02/09/83	California	07/10/83-01/09/85
Earthquake	05/05/83	California	09/01/83-08/31/84
Hurricane	08/19/83	Texas	01/03/84-07/03/84
Tornadoes	03/30/84	North Carolina	08/06/84-02/15/85
Tornadoes	03/30/84	South Carolina	07/26/84-02/25/85
Flood	05/27/84	Oklahoma	10/10/84-04/10/85
Tornado	04/26/84	Oklahoma	10/10/84-04/01/85
Flood	03/28/84	New Jersey	10/09/84-04/09/85
Tornadoes	06/08/84	Wisconsin	09/17/84-04/05/85
Tornadoes/flood	06/07/84	Iowa	11/05/84-04/30/85

and depression to posttraumatic stress disorder. Disturbances are more frequent and more serious when disasters are sudden and unexpected, when many deaths and injuries occur, when the potential for recurrence is high, and when the affected population was at special risk for mental disorder before the event.

The principles stressed in crisis counseling programs emanating from NIMH grants include the following:

- Provision of mental health services in different settings for different phases of the emergency. For example, mental

health professionals should be available at one-stop emergency shelters in the early stages of recovery and at more diversified relocation sites in later stages.

- Special attention to such high-risk victims as children, the elderly, the physically handicapped, and the chronically mentally ill.
- Special attention to the physical and emotional needs of disaster workers themselves to avoid debilitating fatigue and burnout and to encourage dealing effectively with their feelings.
- Services based on a crisis model rather than on a model of prolonged therapeutic support.
- Adaptation of programs to local needs, including special cultural, language, or geographic constraints.

Of particular concern to NIMH at the present time is knowledge transfer in the area of mental health needs of disaster workers—firefighters, police, and emergency medical personnel, as well as mental health and social service personnel. Several monographs and videotapes have been prepared by the Institute for use with these groups.

Research Program

Research on individual responses to natural disasters and technological hazards has increased considerably in the past 30 years. In the 1950s, social scientists began to study the short- and long-term consequences for individuals and society of natural events, such as earthquakes, tornadoes, and floods. In the 1960s, clinicians, especially psychiatrists and psychologists, paid more attention to the long-term reactions of victims and their families to technological hazards, war, and imprisonment. More recently, funding by the National Research Council, FEMA (and its predecessors), the Department of Defense, the National Science Foundation, and NIMH has supported increased research into the area of personal stress, coping styles, and community networking in times of natural and technological disaster.

NIMH currently supports research in the following substantive areas related to emergencies.

1. Research on psychosocial response to emergencies

- Studies of different population subgroups in order to establish differential risk of negative effects

- Studies on the perception of environmental threat and coping behaviors used to avoid such threat or the emotional trauma it causes
 - Studies examining families as interactional systems in their response to emergency situations
2. Research on the mental health implications of emergencies for victims of all ages and their significant others
 - Studies of the immediate and long-term mental health impact on individual victims, family members, emergency workers, and community members
 - Studies of the mental health consequences of perceptual aspects of traumatic events, such as extreme fear, perceived responsibility, perception of lasting consequences, and expectation of recurrence of such an event
 - Studies of the mental health consequences of treatment of victims by non-mental-health community and Federal agencies
 3. Research on the design, implementation, and evaluation of mental health services and treatment for emergency victims
 - Studies of both short-term crisis intervention and long-term mental health treatment and service delivery for victims of all ages and/or their significant others
 - Studies evaluating mental health treatment and service delivery modes designed to avoid burnout or other psychological disturbance among human service personnel working under conditions of extreme stress
 - Studies describing and evaluating coordinated services including health, mental health, and social, legal, and/or civic agencies in a geographic area affected by an emergency
 4. Research on prevention of mental health sequelae and on intervention in mental health problems related to emergencies
 - Evaluation studies of dissemination techniques and programs to promote community awareness of specific roles that individuals may play in helping themselves, their families, and their significant others to avoid some/most of the deleterious effects of emergencies

- Studies of community interventions for reducing or ameliorating emotional trauma and long-term consequences of emergencies
 - Studies evaluating the mental health implications of emergency plans in such institutions as hospitals, schools, and custodial care facilities
5. Research on methodologies and/or techniques required to advance research in the above areas

The available research findings indicate that characteristics of the event itself, as well as individual, social, and cultural responses, are critical in determining the mental health consequences of disasters. When the origin of the event is defined as willful aggression by other humans, and when the magnitude of the event is such that it affects physical and social well-being over time and over generations, psychological stress over time is more likely to occur. When a person has limited coping strengths and limited ability to interrelate with others, when a person's family and community support systems are meager, considerable stress over time is likely.

Additional work is needed to differentiate among types of mass emergencies. Most research has been centered on natural disasters or war-related emergencies, and more attention is needed on technological emergencies. Radiological and chemical hazards occur with increased frequency, and there is increasing concern over their short- and long-term physical and emotional consequences for individual victims and their descendants.

Individual responses to disaster must be examined more carefully in relation to stages of human development. Well documented by previous research, for example, is the fact that a child's perception of stress and his or her coping skills differ by developmental level. Also in need of study are the relationships between environmental stressors and other daily stressors, and the effect of accumulated stress on individual coping mechanisms over time. Finally, long-term consequences of stress must be systematically approached. Such knowledge is critical for the development of appropriate intervention programs.

Social and cultural responses to mass emergencies should be studied in terms of the institutional groups involved—political, economic, religious, familial, educational, neighborhood—and their contribution to the community infrastructure. How do these social structures break down in crisis, and how do they rebuild? Communities, furthermore, are made up of differing subcultures with differing response to institutions. Subcultural differences in the interpretation of the event and in ability to provide help and to accept change are important to the design of community prevention programs of emergency planning and training.

Preparedness/Planning Program

Dissemination of knowledge for predisaster planning for health and human service needs is another important challenge for the mental health field. Such knowledge is sorely needed by those who are charged with intervention and prevention programs. NIMH disseminates the following types of information on a routine, updated basis to Federal, State, and local administrators.:

- Training manuals and videotapes for human service workers, both professionals and volunteers, concerning needs assessment, services, and service delivery modes
- Annotated bibliographies of mental health research on disasters and state-of-the-art papers on research findings and research needs
- Mental health training modules for various national disaster health service systems, including the Public Health Service's National Disaster Medical System, which supplements State and local medical capabilities when they are overwhelmed by a catastrophic disaster

NIMH has primary responsibility in the Public Health Service for developing a basic preparedness plan for alcohol, drug abuse, and mental health problems in large-scale national emergencies. This plan will make use of findings from research projects funded by NIMH and other public and private agencies in the past 10 years. It is directed toward planning officials at Federal and State levels.

The three emergency programs at NIMH—service delivery, research, and disaster planning—are mutually reinforcing. As carried out by the Institute's Center for Mental Health Studies of Emergencies, service programs provide questions for research, and increased research knowledge forms the basis for more effective service and planning activities. In each of these efforts, networking with other public as well as private agencies continues.

Chapter 2

Crisis Counseling Principles and Services

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Crisis intervention programs designed to assist victims of natural disasters have developed some sophistication over the past 10 years since passage of the Disaster Relief Act of 1974. Policy-makers, administrators, and community mental health practitioners have increasingly directed their attention and efforts to the improvement of services for disaster-affected populations as well as for the prevention of pathological or maladaptive crisis consequences to natural disasters.

This chapter defines postdisaster crisis counseling as a mental health intervention technique that seeks to restore the capacity of individuals to cope with and resolve stressful situations as well as to provide assistance for individuals to reorder and integrate their new worlds. Education about and interpretation of the overwhelming feelings produced by postdisaster stresses can be useful tools to help strengthen an individual's sense of capability and hopefulness.

Postdisaster intervention, a new area of applied psychiatry, offers a unique model for mental health services by broadening the perspective of service providers and offering the possibility of a resolution to crisis reactions for victims. To be effective, however, the mental health component of the intervention program must prove useful to the victim *and* comfortable for the community service providers.

The techniques of crisis resolution, short-term therapy, and counseling and support to couples, families, and groups form part of the mental health worker's arena of expertise. In addition, crisis counseling techniques generally reflect the attitude that an individual's mental health at a given point is an interdependent system of influence on his or her total development and well-being (Holmes and Rahe 1967).

Basic Conceptual Framework

The research literature as well as clinical experience provide evidence that serious psychological implications do result from

major disasters. Lindemann (1944) was one of the first persons to document this in his analysis of the intense bereavement reactions of individuals after the 1942 Coconut Grove fire in Boston. Lifton (1967), in his study of victims of Hiroshima, found extreme degrees of survival guilt, death imagery, psychic closing-off, hate, and self-hate.

Titchener and Kapp (1976), studying the 1972 Buffalo Creek flood, reported isolation, rage, unresolved grief, and feelings of helplessness in survivors 2 years after the disaster. Erikson (1976a, b), studying the same disaster, observed the collective trauma of damage to the fabric of the community, as the area's ethic of neighborliness and kinship fell apart after the resettlement, leaving victims feeling isolated and unable to substitute personal strengths for community strength in order to rebuild their own lives.

In a study of psychiatric admissions after the 1973 Managua, Nicaragua, earthquake, Cohen (1976) and Ahearn and Rizo-Castellon (1978) found that individuals from areas most affected by the earthquake experienced greater increases in admissions than people from nonimpacted areas. Those with a history of mental illness were particularly vulnerable to postdisaster stress.

Also documented are the influences of phase and type of disasters on psychological reactions to the event. Tynhurst (1951) looked at time sequences of the disaster and related behaviors and pointed the way to mental health intervention at various periods of the disaster—impact, recoil, and posttrauma. Fritz and Williams (1957) addressed issues of reactive behavior, which differ according to the type of disaster (i.e., unexpected, very destructive) and scope of impact (victim perception of the disaster's effect on him or her). Frederick (1980), comparing the effect of natural versus human-induced violence upon the victim, found that human-induced violence produced guilt at inability to prevent the event and humiliation at another's power over the victim. Finally, Cohen and Ahearn (1980) take account of the emotional reactions to disaster and their disaster-specific aspects in intervention methodology to assist victims. Beginning with general and applied concepts in understanding disaster behavior, they proceed to intervention modalities from the first few hours after the event to months after the event.

The conceptual framework for postdisaster mental health intervention presented here incorporates information from both community mental health research and practice.

1. *Effects of loss and bereavement.* The consequences of a disaster can affect an individual by producing loss of symbolic meaning to life, loss of independent economic status, and loss of life (Lindemann 1944, 1979).
2. *Reactions to crisis.* The individual's feelings, attitudes, perceptions, and behavior are affected by and in turn affect social systems disorganized by the disaster (Tynhurst 1951, 1957).

3. *Strategies of adaptation.* Each individual has unique coping defenses and mastery mechanisms to deal with stress (Dohrenwend and Dohrenwend 1974).
4. *Support systems.* Social and community support systems can be variously effective in supplying physiological, psychological, social, and economic assistance to the individual in the aftermath of disaster (Caplan 1974).

The behavior of persons involved in a natural disaster is influenced by individual differences in the victims and by the intensity of impact on them. Victim variables include (1) demographic characteristics (including age, sex, and ethnicity), (2) personality characteristics (including developmental stage), (3) social characteristics (including marital status, economic status), (4) previous life experiences, (5) coping skills, (6) adaptive behaviors, and (7) availability of a support system. The intensity of impact of a disaster on an individual depends on (1) the degree of personal loss (including injury to self, injury or death of loved ones, loss of home and/or job), (2) duration of loss (short, long, irreversible), (3) victim's perception and interpretation of the loss, and (4) effects of terrifying and/or horrifying experiences.

Role and Functions of the Crisis Counselor

The role of the mental health professional who assists the victim population in a postdisaster shelter area does not differ significantly from his or her role in community functions. What is different and novel is the variety of functions that the mental health worker has to perform in shelter situations. These are, in some cases, new functions that develop as adaptation to the unique situations of victims in a shelter center.

Timing is crucial. When a mental health worker first enters the shelter, there may be indications that the shelter staff is unfamiliar with the role of the mental health professional. This behavior of shelter staff generally signals that it expects for emergency situations a traditional, clinical approach. Obviously, the classic approach is not going to work within the emergency setting. As time progresses, both shelter staff behavior and the attitudes of the resettlement agency members change as they face the realities of the victims' needs.

The changes are manifested by a participatory and collaborative approach that evolves in all areas—in the clinical settings, the shelters, and the relocation centers—and at all administrative levels of government programs. The shelter staff begins to apply the expertise of the mental health professional in making programmatic and administrative decisions. The mental health professional

simultaneously expands a traditional, individual-oriented focus to include issues of the shelter environment.

As the mental health professional accepts a broader role in the shelter site that houses large populations in transition and crisis, he or she must develop the following solutions to problems inherent in that stressful situation: (1) create settings in nonclinical, physical locations within which to function; (2) provide emergency crisis services within a chaotic, unstructured environment; (3) make alliances with other professionals within the emergency system with whom there are few collaborative precedents; and (4) confront a rapidly changing adaptation/crisis phenomenology in the victim's behavior. In order to successfully accomplish these goals, the mental health worker must assume a number of functions and responsibilities not usually associated with the delivery of mental health services. Thus, the mental health professional who works with crisis situations inherent in postdisaster living settings may be seen as having a new configuration of therapeutic roles.

Although all mental health interventions ultimately focus on the symptom behaviors or levels of discomfort of the recipients of service, the mental health worker must be acutely aware of the interrelationship between the forces of the postdisaster system, including overall government programs and the authoritative structures that implement them, which affect the observable symptoms.

Postdisaster Crisis Intervention

The opportunity to assist the victim begins immediately after the disaster. During the postdisaster recovery stages, different behaviors and needs emerge, necessitating knowledge and skills to assess the situation in a developmental frame of reference in order to match the problem with the appropriate solution. Therapeutic intervention that offers support and guidance to the victim aims at achieving the best potential outcome for the victim.

A rapid mental health evaluation has to be completed to ascertain the level of functioning of the individual, in relation to the length of time in a postdisaster situation, and his or her emerging needs. Subsequently, the mental health professional determines what resources are available to meet these needs. Coordination of types of assistance—tangible as well as psychological—characterizes crisis intervention. Although psychological approaches are under the direct control of the mental health professional, he or she can participate indirectly in some other areas of planning, consultation, collaboration, and education provided by such other caregivers as the American Red Cross, Salvation Army, State or Federal temporary housing agency, Small Business Administration, or local health agency.

Guidelines for Intervention — Crisis Counseling

1. It is essential to begin with a triage approach and attend to acute mental health needs first. Activities must be limited to the immediate, specific needs of the victim.

Several individuals were referred to the mental health team in a shelter. Among them was a woman in her sixth month of pregnancy. She was anxious, agitated, and fearful that she would miscarry from the physical impact suffered during an earthquake when the corner of a roof fell on her. She needed reassurance and education regarding her reactions of fear. This was accomplished immediately by a physician's performing a physical examination indicating no signs of damage to the fetus.

2. All activities must be directed at developing useful procedures that will be of immediate value to the victim. Traditional clinical procedures must be streamlined and simplified to a first aid, interventive approach, especially in the first hours or days. Evaluation of the state of crisis of individual victims and rapid mobilization of mental health resources must occur in conjunction with the activities of other crisis caregivers.

A public health nurse asked for assistance in the case of a 40-year-old white male who appeared tense and angry and was complaining about "being pushed around." The nurse elicited the following story about the man. He had lost his apartment in a severe flood and consequently had to find a new place to live. He felt weak and hopeless to find a place at an affordable rent. In addition, he felt entitled to government help but was not getting any financial assistance.

Because of his psychological distress, this man was unable to articulate his needs. The mental health professional assisted him in ventilating his anger and disappointment at the loss and then guided him through the bureaucratic system to receive rental assistance.

3. Mental health professionals will participate as consultants in the areas of health, education, and social/economic assistance that accompany disaster programs.

A 50-year-old man whose family was temporarily housed in a shelter was depressed and anxious, while his wife was experiencing an episode of alcohol withdrawal. He refused to be examined and was hostile and aggressive with the physician, even though the mental health professional tried to placate him. Initially, this man had tried to help his wife but grad-

ually became too upset himself to exert any influence on her. After much counseling, he finally agreed to accept help from the mental health professional who joined the team to assist his wife.

The mental health professional was able to elicit a story of long suffering and difficulties in the marital situation prior to the disaster. There existed a strong, dependent need to control each other's behavior. The wife shared many feelings of depression as she expressed her reactions to her husband's behavior. Both husband and wife agreed to be transferred to a hospital nearby. The mental health professional had numerous phone conversations with appropriate hospital staff and prepared them for the couple's arrival. He also shared with the staff his understanding of the couple's behavior within the crisis context of the disaster.

4. Human relationships must be established and sustained at every level in the organization assisting the victim.

The senior mental health professional at one crisis counseling team developed a plan to meet all the senior personnel in one of the Federal relocation centers. He walked over to their assigned areas, introduced himself, and explained the role of crisis counselors. He also provided a schedule of the hours and names of the other workers. He indicated that, time allowing, he would check with them and attempt to share resourceful information.

5. As the organization of the disaster aid network develops, and as more knowledge and familiarity with the situation emerge, overall patterns of service and networking between services appear. Psychological procedures can become more elaborate and areas of responsibility for the mental health team will begin to broaden. Mental health professionals will find opportunities to offer direct help to individuals traumatized by the disaster while simultaneously offering indirect services, such as consultation and education, to caregivers.

A 35-year-old man, whose home and shop had been destroyed by a storm, related that him wife had been hospitalized with severe heart pain the day after the disaster. He and his two children had to relocate to three separate residences because they could not find one house for temporary housing for all of them. His 8-year-old moved in with a neighbor, and his teenage daughter moved in with two young women whom the father did not like. The man found an apartment in an adjoining town. As he explained the problems of the family, it became evident that the marital relationship

had been ambivalent. Subsequent to the disaster, the family ties continued to be strained.

The mental health professional gave emotional support to the man, helped him express his pain, encouraged him to manifest his anger and disappointment, and assisted him to develop a plan of action for reconstructing the disparate pieces of his scattered family.

Phases of Intervention

Three phases of postdisaster reaction are recognized. Each phase lasts several days or weeks, depending on the severity of trauma and loss.

Phase 1. Three population categories need the most immediate help during the first phase: (1) ex-mental patients who are without their medication, (2) drug and alcohol users unable to obtain their usual amounts of stimulants, and (3) individuals with no previous history of mental illness but who are decompensating under the intense stressors of the disaster. Mild sedatives, antidepressants, and psychotropic medications can be prescribed. Supportive therapy, ventilation, clarification, and guidance are highlighted as the main interventive process.

A married couple and the wife's brother requested access to the mental health professional. They needed assistance to rehospitalize the brother, who was an ex-patient discharged on medication several months earlier. They felt that they could not adequately take care of him given their present situation of a partially demolished home. They were assisted and supported by the mental health professional to share and ventilate their feelings. It was suggested to them that, if the patient was closely monitored with his medication, and if a member of the team would meet with them daily while they were in the shelter, they might reconsider the plan to rehospitalize the brother. They accepted this proposal, and within a few days, they decided to keep the patient at home.

Phase 2. The next 2 weeks require new forms of intervention as followups are made with families who have been relocated. Opportunities become available to ascertain the degree and variety of problems and emotional reactions. Mental health team members resettle throughout the city and continue relationships with troubled individuals and relief-assisting agencies.

The mother of three children (a 6-month-old baby, a 3-year-old, and a 4-year-old) walked into the center and announced that she wanted "to find out if I am going crazy." She felt that her personality was changing, that she was not

the same. She had heard that people were getting help in the center. She reporting crying for hours, feeling depressed, unmotivated, and incapable of managing the operation of her house. She had increased her social drinking and was becoming fearful when she found herself drinking throughout the day. She had trouble sleeping and would occasionally resort to drinking in order to fall asleep.

The basement and first floor of her house had been severely damaged. She had rearranged the first floor in order to protect against flooding. Most of her complaints and difficulties, however, centered on a husband who had a disability (paralysis of his arm and difficulty of speech). Despite his disability, he wanted to control all the house repairs and the assistance money that they received from support agencies. She felt that this control was unrealistic, but she did not seem to know how to handle the situation. She was ambivalent about keeping him at home and considered finding a nursing home. Her marital situation, already shaky, became worse and she felt trapped. In the past, she had been able to function with strong, realistic defenses and with great support from her family. Now, everything seemed to be falling apart.

Crisis intervention helped this woman to reassess and re-evaluate her situation. By feeling some relief after some sessions with the crisis-counselor and subsequently recognizing that the support agency was responding appropriately to the needs of her family and repairs to the house, she developed better control of her alcohol intake. She also recognized that it was her own internal dynamics that were troubling her, and she began to work with the mental health professional and regain her ability to deal with her family. The mental health professional supported her reality, her numerous skills, and was successful in processing her ambivalent feelings in her interactions with her husband and children.

Phase 3. Following the activities of the first 3 weeks of intervention, plans for the next 6 months must be operationalized. The team delineates a new interventive model for the followup model as follows.

1. Teams of mental health professionals connect with various human service agencies in each community at large, including direct links to clinics of the department of mental health.

2. Wherever the population in need is relocated, the mental health team seeks to interface between the victims and the Federal/local resource agencies.

A 76-year-old widow had lived in the beach area of her town for many years. Her husband had been dead for about 1 year, and she continued living alone in their home. After the disaster, she visited the disaster assistance office. She was seen wringing her hands, reported losing 8 pounds in weight, found herself very nervous, looked agitated, and cried very easily. She talked obsessively. She was preoccupied with delays and not being able to choose or receive reimbursement from the government for the repair of her home. Her stress symptoms seemed to parallel very much her dissatisfaction with the manner in which the government officials were responding to her letters and phone calls. She complained that she had great difficulty functioning and dealing with the agencies "because I don't have a man."

It was obvious that her dependency needs overwhelmed her. Her defenses were shaken by the stressors produced by the disaster and its aftermath, and she was still having episodes of delayed mourning. She had a rather rigid and obsessive personality structure that did not allow her to cope with the rage and the anger. She felt that she did not know how to deal with a masculine world. The mental health professional was able to guide her through the methods employed by assistance agencies. The mental health professional also helped her reconnect with a support system that she had, namely a large local family and many good friends. The mental health professional also helped her to remember times when she and her husband were indeed able to handle some difficulties and thus rekindle her awareness of her own skills.

After six or seven visits, the woman appeared much improved. One month later, however, she called again, and when she visited, looked exhausted, tired, and agitated with the pressure of speech. One of the problems, she stated, was, "I have not paid all my bills and people are expecting their money which I don't have." Actually, an assistance check had been lost in the mail, and some of the payments were delayed. The mental health worker attempted to handle the situation and responded, "If you have not heard in two days, call me back." She called a day later indicating that she could not wait any longer. She then walked to the agency and was able to personally solve the problem. When she did receive her money a week later, she again resumed her improved behavior.

Conclusion

Crisis-counseling as a mental health intervention procedure has emerged as an effective procedure in postdisaster programs. A

history of attempted methodology has set the stage for contemporary research in the field. The increasing acceptance of these procedures by the government agencies has stimulated both the quality and the quantity of mental health assistance programs. Continuous refinement of the described procedures and incorporation of new research findings offer realistic possibilities for prevention of postdisaster disorders.

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Chapter 3

Family and Community Outreach in Times of Disaster: The Santa Cruz Experience

Jack Peuler, M.S.W.

Director, Long Term Care Division

San Mateo County Health Services, State of California

In late December 1981, the Santa Cruz Mountains, part of the coastal mountain range in central California, were saturated after 6 weeks of unseasonably heavy rains. On January 3, 1982, after a day of torrential rains, many offices and businesses sent employees home early as rivers and creeks were swollen near flood stage and many roads were closing. By the next day, the skies had cleared and there was a general sense of relief in the city of Santa Cruz that most areas in the county had not flooded. This initial sense of relief quickly turned to dismay, however, when it was learned that many mountain and river communities in the county had been severely damaged by the most recent storm. In some parts of the Santa Cruz Mountains, more than 22 inches of rain had fallen in 24 hours. In the small town of Ben Lomond, an entire mountainside had collapsed and slid into dozens of homes. In Santa Cruz County, a total of 22 people were dead; most of them died in their homes, in their beds, buried under mud and debris. More than 3,000 homes were severely damaged or destroyed.

It had been nearly 25 years since a disaster had occurred in Santa Cruz, and the county was ill prepared to respond to damage and suffering of this magnitude. As a local, county-operated community mental health service, we were neither trained nor prepared to respond to the needs of the community following the disaster. As is the case in most local community mental health programs, we had no written or formal disaster plan. At the time, the mental health program had no involvement in the overall county disaster plan and was not represented on the local disaster council.

As the local mental health crisis services coordinator at that time, I began a process to assess the needs for mental health services following the storm. On the afternoon of January 4, the day following the torrential rainfall, I left the coastal city of Santa Cruz and drove 10 miles into the relatively isolated mountain com-

munities. I was not prepared for the devastation and destruction that I saw. Roads had been turned into rivers, mountainsides were scarred with gaping slides, houses and automobiles were buried and crushed by mud and trees, and churches and shelters were filled with homeless storm victims.

After interviewing several shelter coordinators, I realized that while any assistance we could provide would be useful, most victims were in the "heroic" stage of disaster recovery and were, for the most part, denying emotional pain and/or suffering. We decided to deploy outreach teams, consisting of mental health crisis workers and public health nurses, to various shelters and fire stations where victims were gathering. We were able to have these teams onsite approximately 48 hours after the storm impact.

Immediate Assistance

Most of our early activity was of non-mental-health nature such as distributing food, hauling firewood, and providing information regarding food spoilage and water purification. The outreach teams were able to check on isolated, elderly persons as well as organize activities with children in the shelters. We distributed one-page handouts that gave simple and straightforward descriptions of common emotional responses of children and adults to disaster. These were included in church bulletins, posted in shelters, put in grocery bags at local markets, and, in some communities, placed in mailboxes. The critical point of this early intervention was that of establishing an early visibility in the relief effort. It is my belief that this early visibility was the key to later achieving accessibility to a diverse mountain community, most segments of which would not ordinarily seek mental health services.

We also found that our local media were eager to disseminate new disaster-related stories, and we were able to secure wide coverage for the information we compiled regarding common responses to disaster. A week or so after the storm, we were able to locate an available community hall and implement a children's day care service that was staffed with mental health specialists who were skilled at working with children. We also staffed the Federal Emergency Management Agency disaster assistance center with crisis outreach workers and asked them to simply mingle with victims waiting to apply or in the process of applying for assistance. The most effective interventions at the shelters, day care center, and disaster assistance center were produced by staff who were comfortable approaching people and asking them how they were feeling and what had happened to them during the storm. During this phase of disaster recovery, the use of mental health staff who were indigenous to the impact area was also an effective way to achieve early intervention.

Through the use of NIMH's *Training Manual for Human Service Workers in Major Disasters* and some frantic phone calls to other communities that had provided postdisaster services, we were able to rather quickly put together a brief training program on working with victims, which was mandatory for all staff assigned to the disaster project. Additionally, it was required that all staff participate in debriefing groups that were established to help prevent burnout in our own disaster workers. The need for debriefing and the availability of emotional support for rescue and disaster workers is an area that has received inadequate attention in the literature. We found it useful also to have staff spouses and/or significant others tour some of the impact areas in order to better appreciate what the disaster worker was experiencing.

Expanded Activities

In the second week following the disaster, it became obvious that the needs of the affected communities were far greater than our already overworked mental health staff could meet. A mental health staff psychologist agreed to coordinate a recruitment effort aimed at establishing volunteer disaster-related services from within the professional mental health community. A survey was mailed to every agency and private practitioner, asking if they would volunteer a block of time to work with specific disaster populations in specific roles. The survey gave provider respondents an opportunity to identify which population they felt most comfortable with and which role they would prefer to fill. They were also assured that specific training regarding disaster responses would be provided to them.

We received more than 90 volunteers who offered to augment our community mental health program staff in the disaster project. These volunteers served in numerous capacities, including crisis outreach, facilitators of debriefing groups, staff in day care centers, facilitators of community recovery groups, and trainers for new volunteers. Many private practitioners also made time available for providing brief therapy to disaster victims at no cost. Without this infusion of new community energy, our disaster response project would have been far more limited in scope.

In the 2- to 4-week period following the disaster, with newly mobilized volunteers, the project was able to provide additional community interventions. In an outreach directed to the schools, project staff contacted school principals in those areas most affected by the disaster. These initial contacts were followed by letters describing disaster reactions that might be observed by teachers in the classroom and offered free consultation to staff, teachers, students, and parents.

Numerous presentations were made to schools (preschool through college) during the first 6 months of the disaster project.

In addition, project staff developed two student disaster handbooks, one for preschools and elementary schools and another for junior high and high schools. With the sanction of the county office of education, these handbooks were mass-distributed to many schools. The experience of working with children was often quite intense months following the storm. Approximately 5 months after the storm impact, young school children drew startling pictures of their memories of the storm. In one school, all of the brown crayons were used up as the children colored brown mud covering everything in their pictures, including themselves.

A second significant intervention that was begun in the 2- to 4-week period following the disaster comprised the community recovery groups. These groups, for the most part, were facilitated by community professionals who had offered their services to the project. They were made available in several areas of the county that had suffered much devastation and destruction and offered resident victims the opportunity to spend a couple of hours a week providing each other with support and the opportunity to ventilate their feelings, frustrations, and anger. Many of these groups continued to meet for over a year past the anniversary of the storm.

The project also offered information and training to many utility workers restoring services in storm-damaged neighborhoods. Telephone, gas, and electric crews saw many postdisaster reactions in storm victims, and it was not unusual for them to feel the brunt of the victim's frustrations with the bureaucracy. It was during this 2- to 4-week period after the storm that we began establishing referral mechanisms and linkages with other community agencies such as the Red Cross, Salvation Army, social services, and police and fire agencies. The latter two organizations were the most difficult for the project to gain access to. Both agencies have historically overlooked the various emotions that typically occur in rescue efforts in which their personnel have been involved. Often, this is at great expense to both the individual and the department. This is an ongoing issue with disaster/rescue personnel to which local community mental health agencies could make significant contributions. We believe that it deserves much more attention than it has received from either police or fire agencies or the mental health community itself.

Critical Elements

In summary, based upon our experiences in Santa Cruz County, we see several key elements that are critical in providing effective mental health interventions to communities in the midst of recovering from a disaster. These elements include:

1. *Appropriate project leadership with full administrative support.* The NIMH training manual outlines some of the charac-

teristics that help to make a successful disaster coordinator in local community projects. It is essential that a disaster project coordinator either know firsthand the abilities and strengths of mental health program staff members or have ready access to someone who does, so that appropriate and timely deployment of staff resources can occur.

2. *Early visibility and early interventions.* Our experience in the Santa Cruz project indicated that early visibility at the scene of the disaster opened doors to the project that would have been more difficult to access if project staff had initially appeared at a later point in time. In the course of a joint workshop with Vietnam veterans and lengthy discussion of posttraumatic stress syndromes, veterans (like disaster victims) saw their experiences as intensely personal and could not easily share those experiences with individuals who had not either been there or somehow shared indirectly in the traumatic experience.

3. *Appropriate timing of interventions.* Our experience demonstrated that some interventions that worked early in the project were less effective later; conversely, certain interventions were effective in the later stages that had not been successful in the early phases of postdisaster recovery. Many of these interventions relate directly to the acknowledged phases of disaster recovery that need to be clearly conceptualized and articulated by both the disaster coordinator and project staff so that interventions can be attempted at the most appropriate psychological recovery moment in time.

4. *Deployment of appropriate staff.* The roles that mental health staff can play in the process of disaster recovery are many, and they must be assigned carefully. The most effective clinicians in the world who are used to receiving "appropriate" referrals to match their interests and/or abilities often do not have the skills required for doing aggressive community outreach work. Generally, we found that the best outreach workers were those with outreach experience from their usual mental health program assignments, such as case managers, public health nurses, and crisis intervention outreach workers. Staff need to remember that, in postdisaster recovery, they are working with a normal population in an abnormal situation and that disaster victims cannot be viewed in similar fashion as client caseloads found in the mental health system. There is a great need to reduce the use of "psycho babble," as well as to refrain from diagnostic categories and clinical terminology.

5. *Mobilization of community volunteer support.* No local mental health program can effectively deal with the tremendous stress that a local disaster can place on local mental health resources. There exists not only a need to continue ongoing services

to the existing mental health clinic caseload but an urgent need as well to deploy mental health staff quickly in outreach work. Our experience in the Santa Cruz disaster project clearly demonstrated that the enlistment of volunteers from the community did more than expand the scope of the project. The involvement clearly lent it an infusion of energy and vitality that would have been impossible without the volunteers' commitment to assist the community at large in its struggle to recover from the disaster.

Chapter 4

Public Education Materials for Victims and for Their Families, Schools, and Neighborhoods

Counties of Fresno, Marin, Santa Clara, Santa Cruz,
and San Mateo, California

The State of California suffered three large disasters in 3 recent years for which crisis counseling programs were mounted. In the disaster of 1982, which involved floods and mudslides in the adjacent counties of Marin, Santa Cruz, and San Mateo, substantial outreach materials were developed. Disaster service coordinators of these three counties—Diane Garaventa for Marin, Jack Peuler for Santa Cruz, and Bill O'Callahan for San Mateo—met on a monthly basis to talk over problems and to share useful materials.

When the rains came to California a year later, these same coordinators offered materials they felt were most valuable to coordinators of other disaster-hit counties. These latter mental health workers then adapted and added to the materials as appropriate to their communities. Networking and sharing of ideas continued throughout the State.

In the 1983 flood disaster in California involving several counties, and in the 1983 California earthquake disaster involving Fresno County, bilingual outreach materials for Spanish-speaking as well as English-speaking victims were needed. The Santa Clara County Mental Health Bureau adapted and translated materials for families and children living in the badly flooded Spanish-speaking town of Alviso. The Fresno County Health Department joined forces with Coalinga elementary and junior high school principals and the Coalinga Kiwanis Club to produce a coloring book for children in that earthquake-ridden town.

Reproduced in this chapter are some of the materials used in these programs. They are presented not as ideal types but rather as examples of outreach that the counties themselves found helpful. All but the 12th exhibit are in the public domain. The last exhibit is copyrighted by the Kiwanis Club of Coalinga and is reproduced with thanks to them; it is a splendid example of Federal, State, and local government and private citizen cooperation. Twelve exhibits are included:

- Exhibits 1-3: Outreach materials for victims in general
- Exhibits 4-7: Outreach materials for families
- Exhibits 8-9: Outreach materials for neighborhood social support groups
- Exhibit 10: Outreach materials for teachers
- Exhibits 11-12: Bilingual outreach materials for parents and teachers

The materials were originally designed at a period of crisis and limited funds. Hence, they were not produced on glossy paper or typeset. Plain white paper, ordinary typing, and occasional drawings were used. Often, the work itself was printed on regular 8-inch by 11-inch paper, in such a way that it could be folded twice to make a pamphlet of six 8 1/2-inch by 3 2/3-inch pages. The photocopy machine was heavily used to provide as many copies as quickly as possible. Occasionally, as with the coloring books, a public or private community agency had the time and resources to design artistic outreach. Circumstances usually did not allow this, however.

**Exhibit 1:
Outreach Materials
for Victims in General
Marin County, California 1982**

**County of Marin
Department of Health and Human Services
Community Mental Health Services**

501 MISSION ST. SAN RAFAEL, CALIFORNIA 94901
TELEPHONE 415-456-1234
FAX 415-456-1234

The devastating floods and mud slides of last January are history for many Marin residents. However, for those of us who suffered damage or losses during the disaster, the flood of '82 may still be a very real presence. The difficulties of repairing property and roads, coupled with financial pressures, and prolonged stress can affect marriages, family life, and one's sense of well being. Memories of frightening experiences and sadness for what was lost can make it hard to "return to normal." Children may find it especially difficult to talk about their experiences and fears.

Any loss takes its toll on our emotional reserves as well as our physical and economic resources. These emotions and feelings can last for many months, and having someone to talk to about them can be very helpful.

The Crisis Counseling Program through Marin Community Mental Health Services is providing post-disaster counseling services to Marin residents who suffered during the January disaster. Our representatives are especially understanding, skilled, and helpful in talking with people who are coping with disaster related losses. There is no charge for this service. If you would like to contact us, you may do so by calling our 24-hour Crisis Counseling line, 415-456-1234.

If there is any way that we can be of further service to you or your family, please feel free to give us a call. Please share this letter with any friends, neighbors, or others who were affected by the storm.

Sincerely,

BEST COPY AVAILABLE

County of Marin

Department of Health and Human Services

Community Mental Health Services

P.O. BOX 2728 SAN RAFAEL, CALIFORNIA 94902 (415) 461-9100
OFFICE LOCATION AT 250 BON AIR ROAD, GREENBRAE, CALIFORNIA 94904

Dear :

The devastating floods and mud slides of last January are history for many Marin residents. However, for those of us who suffered damage or losses during the disaster, the Flood of '82 may still be a very real presence. The difficulties of repairing property and roads, coping with financial pressures, and prolonged stress can affect marriages, family life, and one's sense of well-being. Memories of frightening experiences and sadness for what was lost can make it hard to "return to normal." Children may find it especially difficult to talk about their experiences and fears.

Any loss takes its toll on our emotional reserves as well as our physical and economic resources. These problems and feelings can last for many months, and having someone to talk to about them can be very helpful.

The Grief Counseling Program through Marin Community Mental Health Services is providing post-disaster counseling services to Marin residents who suffered during the January disaster. Our representatives are especially understanding, skilled, and helpful in talking with people who are coping with disaster-related losses. There is no charge for this service. If you would like to contact us, you may do so by calling our 24-hour Grief Counseling line, 454-4544.

If there is any way that we can be of further service to you or your family, please feel free to give us a call. Please share this letter with any friends, neighbors, or others who were affected by the storm.

Sincerely,

OUTREACH PHONE CALL
DISASTER FOLLOW-UP

1. Get as much information as possible from damage lists before calling (there won't be much!).
2. Identify yourself by name and your association with the Disaster Follow-Up Project of Community Mental Health Service (CMHS) and the Grief Counseling Program.
3. Make sure you know who you are talking to. Explain that we are calling people who owned or were living in homes damaged during the disaster. Ask the person you are talking to if that is the case for them. Some people have moved since the disaster and you may not be talking to the person you were trying to reach. In some cases, you will be calling property owners who may not have been living in the property that was damaged. In that case, ask if you can have the name and phone number of the people living in the house at the time of the disaster. Explain why you wish to reach them.
4. Ask if this is a convenient time to talk.
5. Make reference to the letter sent by CMHS. Ask if they received it.
6. Explain the Disaster Services available and answer any questions. Be sure to say that there is no cost.
7. Explain that while it is months after the flood and for many people things are "back to normal," for many people situations are still difficult and stressful.
8. Ask about damage and losses they experienced during the disaster. Express interest without being intrusive.
9. If the person seems to want to talk, ask specific questions (water in house? how deep? mudslides? rescue/escape experiences? belongings lost? injuries? present condition of house?). Be aware that some peoples' houses were totally destroyed and some deaths occurred.

10. Express caring and concern and allow the person to discuss events of the disaster openly.
11. Ask how other family members are doing, especially children. Find out if they are concerned about anyone else (friends, neighbors) and if you can send them a letter or call them.
12. If any of the disaster literature seems appropriate (Coping With Children's Reactions to Disaster, etc.), ask if they would like a copy sent to them. Call Diane Garaventa at 499-6772 to have pamphlets mailed out.
13. Find out the extent of their support system. At this stage of disaster recovery (six months and more), people often feel a loss of "community spirit" and a sense of real isolation. They may think they are alone in their dilemma and may be "acting strong" and not talking with others about their situation. Encourage them to rely on their supports. Friends are good medicine.
14. Use the call as an opportunity for education about the normal recovery process from a disaster. People appreciate feedback that gives them perspective on their situation and reassurance regarding what is normal. Reminders about "taking care" of themselves can be helpful (health, diet, sleep, exercise, stress management, etc.).
15. Give praise and appreciation for courage, hard work, and recovery accomplishments. People often do not realize or give themselves credit for their extraordinary efforts during and since the disaster.
16. If the person would like to talk again, arrange a follow-up call or a home or office visit. Explain that this is very short term, and that free on-going follow-up counseling services are provided by referral to Family Service Agency.
17. If the person is interested in receiving free disaster counseling that would exceed one to two visits, give them the phone number of Family Service Agency, 456-3853. Tell them to request the free disaster services.

18. If the person does not want services at this time, be sure to give our telephone number and encourage them to call if they want to talk again.
19. If there are any questions or problems that you can't answer or aren't sure how to deal with, don't hesitate to call Diane Garaventa, CMHS Disaster Services Coordinator, at 499-6772.

Exhibit 2:
Outreach Materials for Victims in General
Santa Cruz County, California 1982

Project
COPE

P.O. BOX 962 1080 EMELINE AVE
SANTA CRUZ, CALIFORNIA 95061
(408) 425-0827 425-2217

Counseling Ordinary People in Emergencies

DEAR:

We were sorry to hear that you may have suffered losses or damages in the disastrous storm in January. Although we hope that your life has begun to return to normal, we realize that, unfortunately, this may not be the case for many other victims. Between the frustration of dealing with bureaucracies to get help to restore roads and property and the difficulty of "getting over" the frightening experience many people may have gone through, it is often harder to "return to normal" than one might expect or wish.

The range of normal reactions to a disaster varies dramatically in intensity and type. A list of common reactions is enclosed with this letter. It is also typical for people to experience different phases in their reaction to the disaster as time passes. The aftermath can include depression, fear, and anxiety during subsequent rains, and intense anger that one has been a victim. The stress of loss and hardship can affect marriage and family life.

Project COPE (Counseling Ordinary People in Emergencies) was started in January the week after the storm for the purpose of helping individuals and families to deal with the stresses and emotional trauma that are inevitably experienced in such a disaster. Our efforts have been directed towards organizing self-help groups, providing individual and family counseling and distributing informational materials. All Project COPE services are confidential and free of charge.

If you would like to know more about the types of assistance that are available to storm victims, please call us at the COPE office at 425-0827 or 425-2217. We also welcome any suggestions you wish to add about what additional services are needed by people who have suffered as result of the storm.

Sincerely,

Project COPE

P.O. BOX 962 1080 EMLINE AVE.
SANTA CRUZ, CALIFORNIA 95061
(408) 425-0827 425-2237

Counseling Ordinary People in Emergencies

Dear

We were sorry to hear that you may have suffered losses or damages in the disastrous storm in January. Although we hope that your life has begun to return to normal, we realize that, unfortunately, this may not be the case for many storm victims. Between the frustration of dealing with bureaucracies to get help to restore roads and property and the difficulty of "getting over" the frightening experience many people may have gone through, it is often harder to "return to normal" than one might expect or wish.

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If you would like to know more about the types of services that are available to storm victims, please call us at the COPE office at 425-0827 or 425-2237. We also welcome any suggestions you might have about the additional services needed by people who have suffered as result of the storms.

Sincerely,

Exhibit 3:
Outreach Materials
for Victims in General
San Mateo County, California 1982

WORRIED ABOUT THE RAIN?



P.E.P. can help you!

Personal Emergency Preparedness

359-7745

711 Arguello/P.O. Box 875

Pacifica, California 94044

WORRIED ABOUT THE RAIN?



P.E.P. can help you!

Personal Emergency Preparedness
359-7745

711 Arguello/P.O. Box 875
Pacifica, California 94044

Prepared by: Bill O'Callahan

"VICTORS NOT VICTIMS"

COPING WITH THE RAINS

HOME VISITS:

To discuss the normal feelings (e.g., anger, helplessness, anxiousness) coming from the rain, bureaucracy, the city, new financial obligations and threats to property and life.

SUPPORT GROUPS:

To share with others, gain support for your experience and feelings, and understand how your neighbors cope.

TRAINING FOR HUMAN SERVICES WORKERS:

To learn the phases of disaster and the psychological and behavioral impact on victims and disaster workers.

DISASTER DEBRIEFING:

To alleviate the deep emotional impact of the disaster experience on disaster workers and disaster victims.

INFORMATION:

To receive a free brochure on "Coping With Reactions to a Disaster" designed for you and your family, call now.

Please call 359-7745 for any of the above services.

PREPAREDNESS

FAMILY PLAN:

To show you and your family how to anticipate and cope with disaster hazards.

HOUSE MEETINGS:

To meet your neighbors for the purpose of educating and motivating them in disaster preparedness skills.

NEIGHBORHOOD NETWORK:

To create a group of neighbors acting effectively to protect life and property in a disaster in each part of Pacifica.

ORGANIZATIONAL PLANNING:

To give your organization the basis for developing a disaster plan.

CONSULTATION:

To improve community organization's response to a disaster or emergency situation.

See other side for Disaster Preparedness Training Schedule.

Stress is a natural reaction to disaster. It takes its toll on the emotional and physical health of those involved - both the victims and the helpers. Talking about your feelings and the experience of the disaster is a healing process.

Furthermore, the emotional impact of any future disaster can be lessened by being prepared.

The services P.E.P. offers are geared toward current problems relating to stress and improving effectiveness in the future by training and helping people to be better prepared at home, at work, and in their neighborhood.

Personal Emergency Preparedness is a short term, federally funded grant for Pacifica. There is no charge for any of our services. All services are confidential.

Please call 359-7745

Personal Emergency Preparedness
711 Arguello Blvd./P.O. Box 875
Pacifica, California 94044

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Eva Post
Jerry Gerrans
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Carmen Elenes, Staff Clerk
Vivian Wilcox, Community Worker

SUPPORTED BY

Federal Emergency Management Agency
National Institute of Mental Health
State of California, Department of
Mental Health
San Mateo County Mental Health
North County Mental Health
City of Pacifica

DISASTER PREPAREDNESS TRAINING:
HOME & NEIGHBORHOOD

Meeting Dates:

Nov. 13, Saturday 10 - 12 A.M.
*Nov. 18, Thursday 7:30 - 9:30 P.M.
Nov. 30, Tuesday 10 - 12 A.M.
Dec. 4, Saturday 10 - 12 A.M.
Dec. 9, Thursday 7:30 - 9:30 P.M.
Dec. 14, Tuesday 10 - 12 A.M.

Location:

711 Arguello Blvd., Pacifica
(Pedro Valley School)

Additional Meeting:

*Nov 18, Thursday 7:30 - 9:30 P.M.

Location: Fairmont Recreation Center
649 Parkview Circle, Pacifica

Exhibit 4:
Outreach Materials for Families
Marin County, California 1982

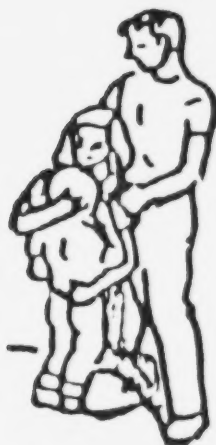
RECOVERING FROM A DISASTER



All of us living in Marin County were touched at one level by the flood of 1982. For those who suffered damage or losses, the disaster may still be a very real presence: red tape with agencies and insurance companies; endless work repairing property; financial problems; prolonged stress; feelings of sadness and loss; and anxiety about the rainy season.

Learning to recognize the normal reactions and emotions that occur following a disaster can help us to understand and to feel more comfortable with those feelings.

What might we expect in our own or in others' feelings and behavior? How can we help one another now, during this period of recovery? The following are experiences and feelings that frequently occur after a disaster, and some suggestions that may be helpful.



All of us living in Marin County were touched at some level by the Flood of 1982. For those who suffered damage or losses, the disaster may still be a very real presence: red tape with agencies and insurance companies; endless work repairing property; financial problems; prolonged stress; feelings of sadness and loss; and anxiety about the rainy season.

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COMMON FEELINGS AND REACTIONS

DURING A DISASTER

- With adrenalin running at full throttle, we fully concentrate on survival, either our own or others'. We function at the top of our capacity in order to do whatever we find that we must do.
- We may experience "numbness" and shock, uncertainty, slowness in physical and mental activity, and difficulty making decisions.

AFTER THE DISASTER: THE FIRST WEEKS

- Time seems to be lost in the struggle to cope. During the first days and weeks, business as usual stops and our structured existence is brought to a halt. Everything is put aside to make room for the emergency.
- What usually follows is a period of confusion as we struggle to pick up the pieces of our lives. For some this will take time, as life and property were changed significantly. For some it may be a feeling that things "just don't feel the same as before."
- A strong feeling of vulnerability and helplessness affects how we approach our daily lives for some time afterward. People usually have created a life that has enabled them to feel in charge, somewhat powerful, and reasonably secure. Suddenly this is disrupted.
- Those whose lives were not directly affected by damage or loss may have what has come to be called "survivor's guilt." Even though we were not affected directly, we may still feel confused and upset. Having these feelings of loss or depression may make us ask, "What right do I have to feel this way, when others have suffered so much real loss?" It is important to remember that a loss is a loss, regardless of size or nature. All those whose communities are affected by a disaster are "victims" in that they, too, are hurt and saddened by the losses that occur.
- We may feel needy, lonely, sad, "down," or just "not myself."
- Some of us will find that we are sleeping more or less but feeling tired most of the time.

- Others will feel drained of emotion and numbed by the experience of coping.
- Still others will feel overwhelmed and angry at the amount of paperwork, red tape, and time that must be spent trying to recover financially.
- Long hours of "digging out," removing debris, and beginning repair work can be physically exhausting, especially under wet, cold conditions. Special care should be taken to avoid illness and injury. It is important to take breaks, get warm, and eat nourishing food.
- Parents may face special problems with children who suffered loss in the flood or were frightened by the experience. Parents who already are overtaxed by post-flood demands may find their children's behavior changes stressful.
- Older adults may have special issues to face. The worry of how their fixed incomes will be affected by flood damage can cause great stress and anxiety. The loss of long cherished momentos or of a favorite garden can cause sadness or listlessness. These factors may be magnified by the general hesitancy older adults have to ask for help or financial aid.

AS TIME GOES ON

- During the disaster it was not unusual to experience a "high" feeling as people came together to help and support each other. Sharing a common tragedy helps to pull people through the immediate crisis. After a few weeks, however, people must return to their own lives. We may feel isolated again and wish the feelings of closeness and teamwork could continue.
- Even months after a disaster, "bureaucratic hassles" and red tape can consume hours each day.
- Once the reality and long-range implications of financial losses sink in, they can cause worry, depression, and change in life style. Some of us may try to work extra jobs to augment our incomes, thus increasing our stress and fatigue. Others may have trouble finding work, causing serious hardship and worry.

- Many people have not completed the reconstruction or repair of damage to their property. The pressure of the rainy season can cause us to push ourselves harder and harder.
- Health may suffer as we endure the long-term stress. Headaches, stomach or intestinal problems, high blood pressure, heart problems, frequent colds and viruses, increase in allergies, etc., are common.
- Moving back into the family home once it is repaired can bring mixed emotions: relief and joy as well as feelings of sadness and fear. All of these feelings are normal. Sadness is often due to the reminders of things that we lost. Fear and anxiety are common when returning to the location that was invaded and damaged by the dangerous elements.
- During the first year following a disaster, many events can cause reactions of sadness: holidays, birthdays, the changing of the seasons. It is normal that certain events will remind us of "the way things used to be" and the things that have been changed or lost. Recovery involves letting ourselves grieve for these things.
- All of these stresses can put a demand on family relationships. Couples can often lose sight of this, and may be hurt and bewildered that they are not getting along, not feeling "close," or are thinking of separating. It is as important to care for and repair our relationships as it is to work on our physical property.
- In rainy weather, it is common for people to feel "edgy," nervous, or irritable. Some people may find themselves crying "for no reason." We may have trouble sleeping or have bad dreams. Children may revert to thumbsucking, "clinging," bedwetting, or other earlier forms of behavior.

SOME THINGS THAT CAN BE HELPFUL

- Take "time off" from cares, worries and home repairs. Go to the movies, take time for recreation, relaxation, or a favorite hobby. Getting away from home for a day or a few hours with close friends can help.
- All of us need to continue to talk about our experiences. Feelings of anxiety, vulnerability, and sadness are normal, especially as the rains recur. If we can talk about our feelings and fears it makes it much easier for friends and family to talk about theirs.
- Couples need to tend to their relationships in addition to repairing other aspects of their lives. It is important to make time to be alone, to talk and understand each other, to have fun together. It can help if we try not to blame one another or take out anger on each other for stresses from outside the relationship. For some, counseling can be helpful.
- Engage in physical activity not directly related to the disaster: running, walking, exercise.
- Pay attention to your health; especially have a good diet and adequate sleep. Stress reduction or relaxation exercises may help if you are having difficulty sleeping.
- Being prepared for future emergencies can lessen your feelings of helplessness and bring peace of mind. A discussion of each person's concerns and worries can help you to develop a plan specific to your household. Having emergency supplies, knowing how to shut off utilities, knowing where to go if you must evacuate, and knowing neighborhood resources are important and reassuring.
- Talk to your children about their feelings. Provide simple, accurate information in response to questions. Reassure your child, "we are together," "we care about you." Games and play activities can help children work through their disaster experiences. Many children feel comforted and reassured if the family is prepared for a future storm and have discussed plans with the children.
- Besides being prepared for future emergencies, there are other things that can help us through the rains. Recognize that bad weather may make you feel edgy. Be

kind to yourself and others. Ease up on your expectations. Do something especially enjoyable on rainy days or evenings to begin replacing fears with more pleasant associations: build a fire; make tea or popcorn or a special treat; spend close time together with family or friends; play a game or read aloud; laugh.

- All of us know only too well the losses, the pain and difficulties of recovering from a disaster. It can help us through the healing process if we allow ourselves to recognize and appreciate any positive effects this experience had on our lives. For some, the floods allowed us to meet our neighbors for the first time; for others, it was a new opportunity to participate in community activities or to use our leadership potential. Try to identify these positive aspects--small as they may seem--for yourself and those who are close to you.
- Community Mental Health provides free post-disaster services to residents of Marin County who experienced the January disaster or who are feeling anxious with this winter's rains. Our 24-hour Grief Counseling line, 454-4544, is staffed by counselors especially understanding and skilled in talking with people who are coping with disaster-related problems. For further information on available services call:

County of Marin
Department of Health and Human Services
Community Mental Health Services

DIANE GARAVENTA, R.N., MSN
DISASTER SERVICES COORDINATOR

250 Bon Air Road
Greenbrae, CA 94904 (415)499-6772

Exhibit 5:
Outreach Materials for Families
Santa Cruz, California 1982

PREPARING FOR DISASTERS

The Basics

Project
COPE

P.O. BOX 962 1080 EMELINE AVENUE
SANTA CRUZ, CALIFORNIA 95061
(408) 425-0827 425-2237

Counseling Ordinary People in Emergencies

PREPARING FOR DISASTERS

The Basics

Project
COPE

P.O. BOX 962 1080 EMELINE AVENUE
SANTA CRUZ, CALIFORNIA 95061
(403) 425-0827 425-2237

Counseling Ordinary People in Emergencies

The winter storms of 1982 had a devastating effect on many different areas of Santa Cruz County. Flooding, slides, falling trees all took their toll on lives, houses and property. Whole communities were isolated for a number of days. Power and telephone communications were out for several days for a large number of County residents. This happened in one storm, in a period of less than 24 hours.

We are all vulnerable to potential disasters caused by rain, wind, fire, earthquake, tidal wave.

With the recent experiences fresh in mind, Santa Cruz County residents are extremely interested in preparation for future disasters.

Disasters leave people shaken. Many residents have commented about how the winter rains, which used to be enjoyable, have left them feeling uneasy. This type of anxiety is normal stress reaction which is common after an experience such as the 1982 floods. People throughout Santa Cruz County may feel foreboding at the onset of winter whether they had personal losses in the disaster or were involved as residents of a larger community which was affected.

The anxiety will decrease with time and our usual, more comfortable feelings about rain will return, especially with preparation for future possible disasters.

This pamphlet is a brief introduction to disaster preparedness. It is hoped that it may start you in a direction of increasing readiness for the future.

House Preparation

- | | |
|---------------------|--|
| Locate shutoff for: | Water
Electricity
Gas |
| Locate open flames: | Water heater (gas)
Heater (gas)
Stove (gas)
Refrigeration (gas) |
| Survey each room: | Be aware of objects which may
fall, furniture which may fall
over, appliances on wheels which
may roll. |

Is water heater secure so it will not tip? (It may be a source of water as well as fire danger.) Beds should be away from window. Do not touch switches or

wires while wet or standing in water (whether you think they are live or not). EXITS should be clear.

Water - each member of a family should have available between 2 quarts and 1 gallon of water per day. Water lines may break or water sources may be contaminated.

- the water heater has a reservoir
- toilet reservoir (not the bowl)
- ice cubes, canned fruit juice

Shut off house supply to prevent contamination.

If in doubt purify water:

- allow sediment to settle if present
 - boil for 5 minutes +
 - liquid chlorine bleach
 - 2 drops per quart clear water
 - 4 drops per quart cloudy water
- shake in container and let stand 30 minutes.

Food - three days supply of food should be available for each family member. Remember cooking and water may be a problem. Also be sure you have a can opener if needed. Canned food may be heated in same pan with water in the original can with labels removed - the water can be used for cleaning afterwards.

- a sterno stove with extra sterno cans.

Suggested foods:

Soups canned or dehydrated - if water available
Beef jerky
Nuts, dried fruit
Peanut butter
Spam
Canned meats & fishes
Canned juices & fruit, cereals
Crackers, bread, rye crisp
Canned vegetables
Canned stews & beans
Vienna sausages
Milk, canned milk, dry milk - if water available
Granola

Light - Flash lights with extra batteries
Coleman lantern & fuel
Votive candles

Radio - Battery operated

Blankets - Sleeping bags, jackets; your power may be out with no heat

Personal hygiene - Soap, towels, containers for emergency toilet and garbage.

First aid kit - with extra supplies of prescribed medicines; extra prescription glasses.

Tools - Shovel, ax, saw in accessible place.

Pets - supplies for care and feeding

Papers & valuables - should be in single location metal waterproof container

Fire - Fire results from combination of air, heat, fuel

Remove one of these to put out fire

-Electrical fire: TURN OFF ELECTRICITY FIRST then use water

-Grease, oil fire: Smother by putting lid on pan

Use baking soda if on stove

Cover with sand

D O N O T U S E W A T E R

-Gas, turn off gas and smother

-Clothing, roll on ground, cover with blanket

Fire extinguisher - Know where it is and be sure it is charged.

Have a plan - you and your family members should discuss and even practice emergencies. They may happen when members are away from home, at work or school. Discuss what you will do in these events.

Many neighborhoods are organizing groups so the residents know who has various special equipment: extra blankets, food, beds, first aid equipment, tools, radios (C.B.s & hams).

Taking care of yourself emotionally

During a disaster and for weeks or months after people continue to experience emotional reactions. This is a normal response to living through an emergency situation.

Irritability
Fatigue
Sleep disturbance
Anxiety & helpless
feelings

Anger
Disrupted sleep, appetite
Unusal physical ailments
Hyperactivity

Children are also susceptible to these feelings and may show them with anxieties, fear, worry, behavior problems, sleep disturbance, regressive behavior, bedwetting.

Talk and listen to one another. Recount the experience of the disaster. Each time the experience is told you process what happened. The uncomfortable feelings will gradually diminish with each retelling. Preparation will help to alleviate anxieties about the future. You have been through the worst and know what it is like so you can prepare for it.

Allow children to voice their fears - reassuring them and telling them about plans you are making.

It is OK for them to express their fears - this is how they understand them. Also allow them to tell how they felt during the disaster and what they experienced.

References for more detailed information

- * Valley Womens' Club of the San Lorenzo Valley
P.O. Box 574
Ben Lomond, CA 95005

Especially active in organizing neighborhood action groups

- * Peace of Mind in Earthquake Country
by Peter Yanev

- * Getting Ready for a Big Quake
Sunset Magazine
Menlo Park, CA 94025

- * How to Survive an Earthquake
Creative Home Economics Services
P.O. Box 813
Downey, CA 90241

Detailed in-depth preparation guide

★ Emergency Radio Information - 24 hour
Station KSCO
1080 AM 99.1 FM

★ Emergency Phone Numbers
911
Crisis Intervention - 425-2237

Prepared by PROJECT COPE
Santa Cruz County Mental Health - Crisis Intervention

Exhibit 6:
Outreach Materials for Families
Center for Mental Health Studies
of Emergencies, NIMH 1982

HELPING YOUR CHILD IN A DISASTER

Reactions of children to disasters have both short-term and long-term effects. They may be short or long term in respect to duration, in terms of immediate or delayed appearance after the disaster, or both. A basic principle in working with problems of children in disasters is relating to them as essentially normal children who have experienced great stress. Most of the problems which appear are likely, therefore, to be directly related to the disaster and transitory in nature. Relief from stress and passage of time restoration confidence and functioning for most of them, without special help. The family is the first-line resource for helping children.

1. COMMON FEELINGS AND REACTIONS

(a) Fears and Anxieties

Fear is a normal reaction to disaster; frequently experienced through out-pouring destructive great consequences of the disaster, injury, death, separation, and loss. Hearing children's fears and anxieties after a disaster often seem strange and unusual, having something specific to their young, their relationship to the disaster may be different in perception. To deal with children's fears and anxieties, it is best to accept them as being only real to the children. Parents' responses to their children make a great difference in their recovery from the shock of the disaster. The intensity and duration of a child's symptoms decrease more rapidly when his/her family is able to indicate that they understand his feelings.

HELPING YOUR CHILD IN A DISASTER

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I. Common Feelings and Behaviors

1. Fears and Anxieties

Fear is a normal reaction to disaster, frequently expressed through continuing anxieties about recurrence of the disaster, injury, death, separation, and loss. Because children's fears and anxieties after a disaster often seem strange and unconnected to anything specific in their lives, their relationship to the disaster may be difficult to determine. In dealing with children's fears and anxieties, it is best to accept them as being very real to the children. Parents' reactions to their children make a great difference in their recovery from the shock of the disaster. The intensity and duration of a child's symptoms decrease more rapidly when his/her family is able to indicate that it understands his/her feelings.

Children are most fearful when they do not understand what is happening around them. Every effort should be made to keep them accurately informed, thereby relieving their anxieties. Children are developing storehouses of all kinds of information and respond to scientific facts and figures, new language, technical terms, and predictions. The children learn new words relating to disasters through the media and incorporate them readily, using them in their play and in talking to each other.

2. Sleep Disturbances

Sleep disturbances are among the most common problems for children after a disaster. Their behavior is likely to take the form of resistance to bedtime, wakefulness, unwillingness to sleep in their own rooms or beds, refusal to sleep by themselves, desire to be in a parent's bed or to sleep with a light, and insistence that the parent stay in the room until they fall asleep. Such behaviors are disruptive to a child's well-being. They also increase stress for the parents. More persistent bedtime problems, such as night terrors, nightmares, and refusal to fall asleep, may point to deep-seated fears and anxieties which may require professional intervention.

It is helpful to explore the family's sleep arrangements. The family may need to develop a familiar bedtime routine, such as reinstating a specific time for going to bed; they may find it helpful to plan calming, pre-bedtime activities to reduce chaos in the evening. Developing a quiet recreation in which the total family participates is also helpful.

3. School Avoidance and School Phobias

It is important for children and teenagers to attend school since, for the most part, the school is the center of life with peers. The school becomes the major source of activity, guidance, direction and structure for the child. When a youngster avoids school, it may generally be assumed that a serious problem exists. One of the reasons for not going to school may be fear of leaving the family and being separated from loved ones.

Parents should encourage children to return to school, and should talk to their teachers regarding any problems evident either at home or in school. Parent-teacher meetings and programs may assist in integrating family and school efforts to reassure and encourage the child to understand his feelings and to cope with his loss and his need to get on with his life.

II. Age-Related Reactions of Children and Adolescents to Disasters

Below are some common reactions of children and adolescents in response to a disaster, by specific age groups. These symptoms of stress may appear immediately after the disaster or after the passage of days or weeks; they are not all inclusive.

Pre-school

- Crying
- Thumbsucking
- Loss of bowel/bladder control
- Fear of being left alone, of strangers
- Irritability
- Confusion
- Clinging
- Immobility

Latency age 6-11 years

- Headaches, other physical complaints
- Depression
- Fears about weather, safety
- Confusion
- Loss of ability to concentrate
- Poor performance
- Fighting
- Withdrawal from peers

Pre-adolescence and adolescence 12-17 years

- Headaches, other physical complaints
- Depression
- Confusion
- Poor performance
- Aggressive behaviors
- Withdrawal and isolation

III. Help for your Child

- Talk with your child about his/her feelings and your feelings about the emergency.
- Talk with your child about what happened, providing information to him/her that they can understand.
- Reassure your child that you are together. Repeat this reassurance as often as necessary.

- Hold the child. Touching is important.
- Spend extra time with your child at bedtime.
- Provide play experiences for your child. Large muscle activities, such as playing ball or riding a bike, can help.
- Allow your child to mourn and grieve over a lost toy, a lost blanket, a lost home.
- Talk to your child's teacher if you feel he/she is having problems at school, so that you and the teacher can work together to help him/her.
- If you need added help for your child or any member of your family, contact a human service agency or your church.

Center for Mental Health Studies of Emergencies
National Institute of Mental Health

Exhibit 7:
Outreach Materials for Families
San Mateo County, California 1982

COPING WITH REACTIONS TO A DISASTER



The storm of January 1982 was felt by all residents of the County, whether or not there was personal damage or injury. Generally, we have created a life which has enabled us to feel reasonably secure. Suddenly this is disrupted. We are seemingly pitted against elements over which we have no control. Any disaster necessarily broadens our perspective and increases the range of emotions that we experience. Recognizing these emotions enables us to better understand our experiences and deal with them. It is important to know the various reactions that normally occur during and after a disaster. We have compiled a list of frequent experiences and feelings in a disaster and how to deal with them.

Personal Emergency Preparedness
359-7744

711 Arguello/P.O. Box 875
Pacifica, California 94044

COPING WITH REACTIONS TO A DISASTER



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PERSONAL EMERGENCY PREPAREDNESS

359-7745

711 Arguello/P.O. Box 875
Pacifica, California 94044

DISASTER-RELATED SYMPTOMS

A. Early Reactions

1. Numbness and shock, even some slowness in physical and mental action.
2. Uncertainty. Decisions become difficult to make.

B. Later Reactions

1. Emotional symptoms of anger, suspicion, touchiness and irritability, or apathy and depression.
2. Loss of appetite, difficulty sleeping, loss of concern about everyday activities.
3. Crying, worrying, burying feelings, not wanting to talk to others. Dislike for company of friends, family, and neighbors.

C. On-going Reactions

1. Physical symptoms of stress (stomach distress, headaches, etc.) sometimes progressing into sicknesses and physical exhaustion.
2. Children may need more parental love and physical contact and may return to bedwetting, thumb-sucking, or have nightmares, and cling to parents.
3. Family discord, separation. Increase in spouse and child abuse in the community.
4. Rejection of outside help. Difficulty in accepting that the disaster had any impact upon one's life.

**SOME THINGS THAT HAVE BEEN
VERY HELPFUL**

1. Take "time off" from cares and worries (and home repairs). Go to the movies. Take time for recreation and relaxation, your favorite hobby. Getting away from home for a few days or a few hours with close friends will help.
2. Recognize your feelings, realize they are normal reactions and talk about them to friends and family. If you talk about your feelings and fears it makes it much easier for others to talk.
3. Engage in physical activity not directly related to the problem: running, walking, exercise.
4. Talk to your children about their feelings. Provide simple, accurate information to questions. Reassure your child, "We are together, we care about you."
5. Laughter is good medicine.

There is the real physical pain of disaster and the private emotional pain that hits each of us differently. Against the powerful forces of nature, we react with adrenalin running at full throttle. We are then capable of acts of heroism, intense labor, and personal sacrifice. We need to protect ourselves from feelings that "get in the way"; feelings of fear, guilt, sadness over losses, and vulnerability.

But afterwards, we need to talk about our experiences and the emotions we had to deny. We need to be heard, and our feelings of fright, sadness, and helplessness acknowledged.

Our community organization program will improve your effectiveness and lessen your feeling of helplessness.

Our counselors are highly trained in the effects of disaster on individuals and families, and in disaster preparedness. Please call us at 359-7745, between 9 and 5 or leave a message after hours.

Other community resources include local clergymen and the Youth Service Bureau at 355-3900 and also Family Service, 692-0555 for appointment in Pacifica.

**PACIFICA
PERSONAL EMERGENCY PREPAREDNESS**

Bill O'Callahan, Director
Coordinators

Marjorie Trumpler

Ella Gail

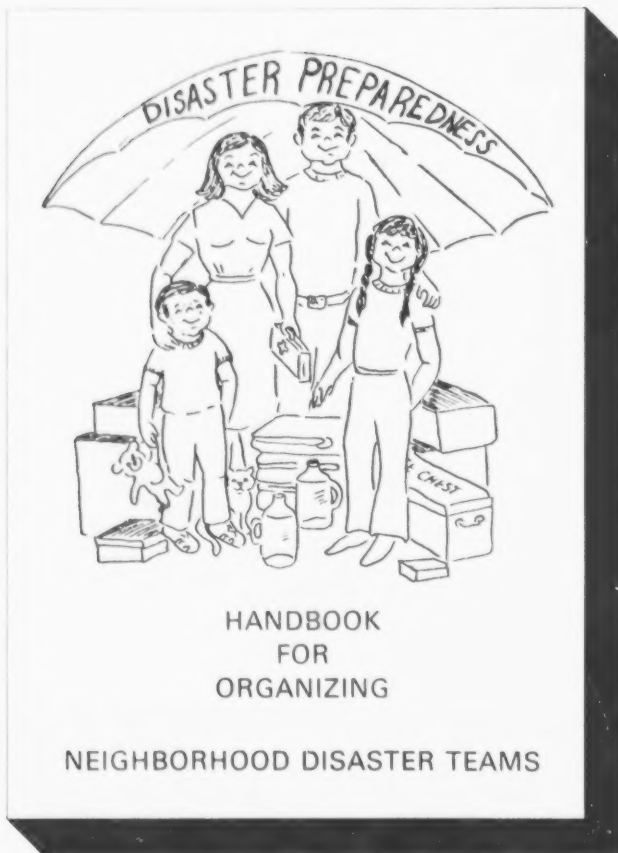
Vivian Wilcox

Jay Issler

(415) 359-7745

711 Arguello Blvd., Pacifica, CA 94044

Exhibit 8:
Outreach Materials
for Neighborhood Social Support Groups
Marin County, California 1982





HANDBOOK
FOR
ORGANIZING

NEIGHBORHOOD DISASTER TEAMS

Prepared by

- Dept of HHS, Marin County
- Marin County Office of Emergency Services
- Marin County Office of Education
- Mental Health Assn. of Marin
- American Red Cross
- San Anselmo Volunteer Effort

WHAT'S THE PROBLEM?

Earthquake experts believe that a major earthquake is likely to occur somewhere along the San Andreas or Hayward Faults in the near future. Since the fault lines run through or close to much of Marin County, there is a very real potential for disaster.

Marin residents learned a lot from the recent disaster:

- There's little advance warning.
- 101 and other roads may be closed.
- We may not be able to get home for several days.
- Schools may release students when no one is home.
- Phones and utilities may be out for several days.
- Dams may be weakened or fail.
- In a major disaster, deaths and injuries will exceed the capacity of our health facilities.
- In a major disaster, chances are your community and neighborhood will be on its own for several days.

PERSONAL, FAMILY, AND NEIGHBORHOOD PREPARATION IS VITAL
FOR SURVIVAL

BEING PREPARED AT HOME AND IN YOUR NEIGHBORHOOD IS THE
BEST DEFENSE AGAINST ANY DISASTER

WHAT CAN WE DO TO PROTECT OURSELVES?

A well-organized neighborhood disaster team is the best defense against any disaster.

Many neighborhoods are already organized around crime prevention or homeowner interests and would be interested in learning how to be prepared for disaster.

Other neighborhoods which are not organized are getting together, selecting neighbors who can be trusted to act as neighborhood disaster coordinators.

A neighborhood organization can provide a way to identify and register children whose parents may be at work when the disaster strikes, or homebound citizens who may need a caretaker in a disaster.

A neighborhood organization can conduct an inventory of local talent and equipment to help one another in case of injury, fire, or evacuation.

A neighborhood organization can select a predetermined disaster headquarters that can become a message center in a disaster and provide accurate disaster information.

If the neighborhood has to be evacuated, a neighborhood organization can plan in advance where to go and how to secure adequate shelter, food, and water.

A neighborhood organization can work out a policy with the local schools on how to care for children or students whose parents may be injured or unable to get home.

A neighborhood organization can help neighbors get to know one another and to work together on a variety of common neighborhood concerns.

GETTING STARTED

- Read this Handbook.
 - Find someone willing to work with you.
 - Look over your neighborhood.
 - What are the natural boundaries?
 - Is there an organization already established?
e.g. Homeowners Association
Crime Watch or Crime Alert
Active PTA
 - Have similar efforts been tried and failed?
Why did they fail?
 - What size organization makes sense?
(Thirty families maximum is recommended)
 - Do a little homework.
 - County or City Office of Emergency Services and the Red Cross can provide materials, references, films, and information.
 - Emergency Services Coordinator or Planning Departments can indicate flood zones or other hazards.
 - Identify other neighbors who might be willing to help.
 - Ask the local fire chief or emergency coordinator who they know in the neighborhood who might be interested.
 - List here the name, address and telephone number of your City or County Disaster Coordinator:
-
-

PLANNING THE FIRST MEETING

A. If an existing organization is established:

- Contact the Chair/President.
- Discuss disaster preparedness concerns and share information.
- Decide when and how to introduce the issue.
- Plan a presentation for the meeting.
- Consider using some of the approaches described under "B" below to promote attendance and participation
 - e.g. Personal contact
 - Neighborhood disaster registry forms

B. If there is no existing organization:

1. Select a home for the meeting. Homes are recommended because they provide warm, confidential, informal settings and encourage the feeling of neighbors helping neighbors. Obviously schools, churches, community centers, can also be considered.
2. Select a time for the meeting. Consider scheduling identical meetings at two different times of the day and advertise them as identical meetings.
Consider a morning meeting: Coffee break
Consider afternoon meetings: Tea, Coffee, etc.
Consider evening meetings: Desert, wine and cheese

Encourage participation and make arrangements for all members of the family; include someone willing to do some child care for small children.

3. Plan light refreshments (keep them light and simple).
4. Plan your strategy to invite the neighbors. Personal contact door-to-door is best. If written invitations are used, include RSVP, distribute face-to-face and follow up with telephone call. Get telephone numbers when you distribute door-to-door.

POSSIBLE APPROACHES:

#1 Hand-delivered Personal Invitation (Sample)

You Are Invited To A Neighborhood Coffee Break at
10:30 a.m. on Wednesday April 12th
At My Home 112 Woodland Road

Many of our neighbors share my belief that in the event of a major flood or earthquake, we need to be prepared to survive and to protect our families and our property.

Won't you join us for a half-hour coffee break at my home on Wednesday? I believe that a well-organized neighborhood disaster team is our best defense against any future flood, earthquake or disaster.

Henry Richards
RSVP 493-6632

#2 Personal Invitation Plus Coupon (Sample)



(Make sure you have a supply of the Red Cross pamphlets available at the meeting and redeem for coupons)

- #3 Prepare and hand distribute a letter attached to the NEIGHBORHOOD DISASTER REGISTRY form. (See full-size samples in packet which comes with this handbook. Modify to suit your community)

112 Woodland Road
San Anselmo, CA

Dear Neighbors:

Several of your neighbors on Woodland Road and Ravine Drive believe that we need to make some plans to protect our families and our property in the event of major earthquake or disaster.

You and your family are invited to a neighborhood meeting on Wednesday evening at my home at 7:30 p.m. We'll have light refreshments and will discuss what we can do in our neighborhood.

Attached is a sample Neighborhood Disaster Registry. Bring it to the meeting. Some neighborhoods are using a form like this to develop a register of all families and resources available in that neighborhood. After a quake, families can check in within a reasonable time. A volunteer will check on those families or properties where no one responds to make sure everyone is safe and, if necessary, protect your property from fire or additional damage by turning off your utilities if you are away and so agree.

A neighborhood headquarters can also be established to become a message center if the phones are out. Members of your family can meet there if they become separated to find out where you are. If we have to evacuate, it would become the meeting place for evacuation to a safe shelter. We also need to establish links with the fire department and the schools.

This is a neighborly effort, not a government program. We know that in a major disaster we will be on our own for several days. We hope you and your family will want to participate.

Sincerely,

Harry Richards
RSVP 499-6623

P.S. Follow-up all letters
or forms with phone call to
remind of meeting.

Neighborhood Disaster Registry

If our neighborhood decides to establish a neighborhood team, information would be kept on file and confidential for the protection and security of all of the families and properties concerned.

Family Name _____

Address _____

(In the event of a disaster which might occur **during the day**, list the names, probable locations and telephone numbers of each family member or others living at your residence. Indicate the age and school for children.)

Name: _____

1. _____

2. _____

3. _____

Name: _____

1. _____

2. _____

3. _____

Name: _____

1. _____

2. _____

3. _____

Name: _____

1. _____

2. _____

3. _____

IN CASE OF INJURY OR EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____

Phone: _____

or

Name: _____

Address: _____

Phone: _____

Permission: In the event no one is at home, I/We hereby give permission for water, gas and electricity to be shut off as necessary for the safety of our house and/or the neighborhood.

Signed: _____

Date _____

Permission: In the event we cannot get home by the end of the school day, I/We hereby give permission for:

Name _____

Address _____

or

Name _____

Address _____

to pick up our children at school and care for them until we get home.

Signed: _____

Date _____

C. Planning the agenda for the meeting

- Decide on what resources you want at the meeting and secure the appropriate supplies or equipment.
 - Map of the area
 - Film or filmstrip and equipment
 - Red Cross Family Disaster Plan
 - Extra Copies of the Neighborhood Disaster Registry
 - Copies of other materials selected from the Handbook packet
- Provide name tags unless the neighbors are well acquainted.
- Provide a short period as persons arrive for simple refreshments, coffee, tea, etc.
- If you are not comfortable on the facts, invite an expert to help define the problem. (Usually there is not much debate about expected damages, etc.)
- Plan an agenda which includes the following:
 - Introductions
 - A clear statement of what the problem is (use the facts in the front of the handbook or other background materials)
 - A clear statement that the neighborhood is likely to be on its own for several days
 - A clear statement of what a neighborhood organization or headquarters can provide
 - If the Neighborhood Disaster Registry Forms are used, explain the forms, discuss issues about them including confidentiality, trust, etc. Help participants complete the forms at the meeting.
 - Allow time for discussion, questions, differing points of view
 - Secure a commitment to meet again or engage in the test steps (see below)
 - Use task or job assignments
 - Gain consensus on a temporary or interim convenor, even if it is yourself

THE FIRST MEETING (TIPS AND SUGGESTIONS)

- Welcome the persons as they come. Introduce yourself and your family and thank them for coming. Use refreshments to help break the ice and allow time for people to come.
- You may wish to warm up the group by asking a number of questions such as:
 - ? If an earthquake struck right now, where would you take cover in this room?
 - ? What are some of the hazards in this room if an earthquake struck?
 - ? If an earthquake struck tomorrow at 1:00 p.m., how many of you would be at home? At school? Shopping or running errands? At work? Do you think you would have trouble getting home?
 - ? How many of you with children in school know what the school plans to do with your children if an earthquake strikes during the school day?
 - ? If we had to evacuate our neighborhood, where would we go? What would we take? How would we be sure everyone was taken care of?
 - ? If you smelled gas or electrical wiring smoldering, do you know how to turn off the gas and electricity?
- You may wish to use a combination of questions and factual information to help the neighbors understand some of the practical problems they, individually, and you all as a neighborhood, would have to cope with.
- Introduce the concept of a NEIGHBORHOOD REGISTRY and a NEIGHBORHOOD HEADQUARTERS and explain how it might work (see the sample letter which goes with the forms).
 - Emphasize confidentiality and the non-governmental aspects of such a plan.
 - Discuss the form and the "PERMISSIONS" and answer questions.
 - If there is reluctance, don't push. Put it on hold for people to think about or sleep on.

- Review and help complete the reverse side of the Neighborhood Registry Form to identify known talent, equipment and resources for the neighborhood.

Mention that one of the follow-up tasks is to complete the survey of equipment and resources in the neighborhood. See how many would be willing to help or focus on a scout troop or young people who may want to help.

- Introduce and discuss the Red Cross FAMILY DISASTER PLAN. (Give people copies, or if you are using the coupons, exchange for the coupons, then offer them to anyone who forgot the coupon).
- Try to reach consensus on someone to act as temporary or interim convener or coordinator. (Have one of your team, or one of your family, or yourself, primed to volunteer if no one else does.) Set another time to meet.
- Keep the initial meeting as brief as possible.
- Don't be discouraged if it doesn't come together the first time. It may take two or three meetings. It only takes a few hard workers to make it happen.
- Introduce the follow-up tasks which need to be done. The TASK ASSIGNMENTS defined on the next several pages are included in the packet for distribution to those who may wish to volunteer. These are samples and should be modified to suit your own needs, or combined if a person is willing to take more than one responsibility.

**TASK ASSIGNMENT: Neighborhood Disaster Coordinator,
Alternate Neighborhood Disaster Coordinator**

Qualifications: A trusted, responsible citizen who is likely to be home during the day. Someone who is already involved in many other activities may not be home when the disaster strikes. Someone who can keep confidences.

Tasks:

1. Predisaster: Develop and maintain Neighborhood Registry.
 - Assign a volunteer, scout, or neighbor to complete a neighborhood registry form for each neighbor. Even if neighbors do not wish to grant permission for utility shut-off, it would be good to know who lives in each house in the neighborhood so that in a disaster a quick census could be taken.
 - Remind the volunteer, scout, or neighbor to keep the registry updated and to record people moving out and into the neighborhood.
2. Predisaster: Liaison with fire, police, and Red Cross.
 - Establish liaison with the fire department and police department of your city (or Sheriff and County Fire, if in the County)
 - Develop a means to alert fire and police during a disaster (if phones are out, use HAM radio or a volunteer "runner")
 - Consider developing a telephone tree to alert families if advance notice is received. (Remember, during the disaster phones may be out or should be used only for emergency.)
 - Keep in touch with the Neighborhood Caretaker/Shelter Manager and First Aid Assistant so that lines of responsibility are clear with the Red Cross.

3. Predisaster: Sustain local organization
 - Convene meetings of local organization
 - Establish liaison with City or County Disaster Coordinator
 - Keep in touch with other members of team
4. Disaster: Direct activities of neighborhood disaster headquarters
 - Assign volunteers to check on the welfare of each family. Check off status on list until all are accounted for.
 - Establish communications with fire and police departments
 - Coordinate fire suppression, utility cut-offs and other helping and rescue efforts
 - Keep records of damages, injuries, etc.

TASK ASSIGNMENT: Neighborhood First Aid Assistant

Qualifications: A citizen trained in First Aid or trained professionally as an LVN, RN, PHN, MD or Paramedic. Someone who is likely to be available during the day or evening and an alternate when the person is away.

Tasks:

1. Predisaster: Help other neighbors enlist in a Red Cross course in First Aid, CPR, etc.
2. Predisaster: Identify residents in the neighborhood who have special medical needs or persons who are homebound.
 - Encourage "Vial of Life" program
 - Keep an updated list of such persons
3. Predisaster: Develop a plan to get seriously injured persons to the nearest doctor or hospital and a plan to triage the injured.
4. Disaster: Triage injured residents. Administer First Aid. Get transportation for victims to the nearest doctor or hospital.

**TASK ASSIGNMENT: Neighborhood Caretaker/
Shelter Manager**

Qualifications: A concerned neighbor who is likely to be in the neighborhood during the day and an alternate when this person is away. This person is someone who has been trained by the Red Cross as a shelter manager or is willing to be trained as a shelter manager.

Tasks:

1. Predisaster: Direct scouts or other volunteers to complete the neighborhood disaster inventory of equipment and skills.

Keep track of locations for water, tools, camping gear, cooking gear, blankets, food supplies, etc.

2. Predisaster: Meet with other parents and school officials to establish a clear policy on holding or releasing children in a disaster.

Make sure each child has an assigned caretaker if the parent cannot get home.

3. Disaster: Coordinate existing emergency supplies, equipment and skills so that the community can remain sheltered and fed. If the community can house displaced persons within the community, make sure those arrangements are worked out.

4. Disaster: Evacuation. If the community has to be evacuated, this person is authorized to establish a shelter at a predetermined building approved by the Red Cross under the WELSH Plan.

5. Disaster: Liaison with the Red Cross and other disaster relief agencies.

TASK ASSIGNMENT: Neighborhood Communications

Qualifications: Someone licensed to operate a HAM radio and someone who possesses a portable HAM radio OR someone who can be dispatched by cycle or 4-wheel drive vehicle to deliver accurate messages to the firemen or police.

Tasks:

1. Predisaster: Inventory neighborhood and identify all communication equipment and operators and identify those likely to be available during daytime or evening disaster.
2. Predisaster: Develop an on-call roster of communication resources. Establish a telephone tree in the event advance warning is possible.
3. Disaster: Report to neighborhood disaster headquarters and establish contact with the city or county disaster headquarters.
4. Disaster: Keep log of locations and dispositions of neighbors during emergency to provide information to disaster officials or relatives.

While getting the neighborhood organization going is perhaps the hardest part, there is still plenty of work to be done.

- Make copies of all the registration forms and provide a set for each coordinator. Try to get participation from everyone, but make up a form for each home . . . even if you do not have permission to enter.
- Be sure there is a system for updating information. Registration should be updated at least once a year. Contact all new residents when they move in.
- Coordinate with the local schools. Your plans must take into account what the schools will be doing with the children if the disaster occurs during school hours.
- Let your city and county emergency coordinator know of your organization.
- If you decide to have a written plan for your group, the Marin County Office of Emergency Services can help with content, format, examples, etc.
- Have a neighborhood meeting once a year to keep up interest. A film or talk coupled with a short social will serve to stir some interest. Building in a Neighborhood Watch Program may help.
- Give out materials at various intervals. The Red Cross Family Disaster Plan booklet may stimulate personal family planning. The County Office of Emergency Services has materials.

WHERE TO GET HELP WITH YOUR PROJECT

- Marin County Office of Emergency Services
Civic Center, San Rafael, CA 499-6584
 - Red Cross Disaster Coordinator 454-1550
 - Marin County Sheriff Neighborhood Watch Crime Prevention
499-7265
 - Zone Coordinators. Marin County is divided into areas, each with a person responsible for disaster coordination. Call Marin OES 499-6584 for the name in your area.
 - Your local Fire Department
 - Marin County Health and Human Services Department
(especially about shelter and human care issues)
499-6921
 - Your local school emergency coordinator
 - Community Alliance for Earthquake Education Resources
(CAEER) 2253 Park Boulevard, Palo Alto, CA 94306
(408) 327-6017
- Will help with local organization and planning. Have handbooks and other materials. Fee charged.
- Earthquake Safety Engineers
Palo Alto, CA (408) 329-1800
- Will inspect home and make recommendations for earthquake safety. Will also help with neighborhood organization. Fee charged.

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Personal Emergency Preparedness

711 Arquello, P.O. Box 875, Pacifica, California 94044 • (415) 359-7744

OUTLINE OF DUTIES OF THE NETWORK REPRESENTATIVES AND COORDINATOR

ADVISORY BOARD

Chairperson
Virginia Jaquith

Members
Captain Charlie English
John Gears
Eva Post
Jerry Gemans
Roy Carver
Mary Beauvais
Joe Fulford
Jim Wagner

DIRECTOR

Bill O'Callahan

STAFF

Vivian Wilcox
Ella Gail
Marge Trumpler
Jay Isler
Carmen Elenes

- A. Never Network alone.
 1. Find someone to work with you.
 2. Identify neighbors who might be willing to help including seniors, boy scouts, girl scouts, and those active in disaster related professions or organizations.
 3. Is there an active organization already on your block or in the immediate Neighborhood;
 - Block Parents
 - P.T.A.
 - Homeowners Association
 - Crime Watch
- B. Know your Neighborhood.
 1. Identify any Natural or Man made hazards in your area.
 - a. Earthquakes
 - b. Floods
 - c. Slides
 - d. Tidal waves
 - e. Tornadoes/wind sheers
 - f. Dams
 - g. Structural and grass fires
 - h. Water tanks
 - i. Stored flammable liquids
 - j. High Voltage lines
 - k. Gas mains
 - l. Dangerous chemicals
- C. Define your areas, boundaries and make a map.
 1. Note each house.
 2. Learn everyones name and phone number.
 3. Give a copy to each resident.
- D. Hand out and collect the Neighborhood Network Inventory Resource Card.
 1. Identify all skills in the area.
 2. Respect the fact that not everyone may have completed Resource Card.
 3. Most people have an important skill or experience which is invaluable in an emergency.

- E. Have a meeting to discuss the Neighborhood Network.
 - 1. Meetings are tricky business. Most work in a Meeting is done before it. There must be a goal or issue which impacts on each family's safety and survival.
 - 2. Set a definite date and get commitments from your neighbors in advance to attend.
 - 3. Remind them of their commitments before the meeting and remind them again a day before and the same day as the meeting.

- F. Recommended Block Meeting Outline
 - 1. We all agree here tonight that our street should prepare for an emergency or a disaster.
 - 2. Paint a picture of what would occur during a disaster in the Bay Area. (See Wednesday, October 13, 1982 S.F. Chronicle article.)
 - 3. Paint the picture for Pacifica.
 - a. Roads out
 - b. Water lines ruptured
 - c. Phones gone
 - d. Six or eight firemen on duty
 - e. Land slides
 - f. No hospitals
 - g. Soil liquefaction
 - h. No help
 - 4. We are on our own so we must prepare to help ourselves and then our neighbor.
 - 5. Outline Family Plan (see Red Cross Brochure).
 - a. Suggest how to protect self during a quake.
 - b. Make your home safe (see Sunset Magazine article).
 - c. Store food and water.
 - d. Designate rendezvous point for family.
 - 6. Describe the advantages of Network when you are on your own.
 - a. Social - better friends and more neighbors
 - b. Economic - prevents damage
 - c. Personal - saves lives
 - d. Security - protects property
 - e. Mutual Assistance - works for everyone in Pacifica
 - 7. Describe what has to be done.
 - a. Distribute Neighborhood Network Resource Inventory Cards.
 - b. Make a map of the houses in your area.
 - c. Include names and phone numbers on the map.
 - d. Make copies of it for everyone.

- e. Collect Resource Inventory Cards.
 - f. Prepare your own home.
- 8. Divide up tasks equally
 - a. Before a disaster (see above)
 - b. During
 - c. After
- G. Predisaster activities
 - 1. Complete map.
 - 2. Complete Disaster Inventory Cards.
 - 3. Create a telephone tree for alerts.
 - 4. Devise an alert system without phones. Identify most likely victims.
 - a. Young children
 - b. Expectant mothers
 - c. Incapacitated adults or children
 - 5. Design a simple evacuation plan in the event of an emergency. Consider:
 - a. Time of day
 - b. Route
 - c. Visit the assembly point.
 - 6. Conduct a mini disaster drill to locate and turn off gas at the meter in your area. Consider teams and the times of day.
 - 7. Conduct a drill for a disaster using your coordinator and radio personnel. Include damage assessment.
 - 8. Monitor winter storms including:
 - a. Rainfall
 - b. Soil movement
 - c. Creek flow
 - d. Drainage problems
 - e. Road conditions
- H. Disaster activities
 - 1. Check for family injuries.
 - 2. Assess damage to home.
 - 3. Turn off gas and electricity.
 - 4. Begin alert in Network.
 - 5. Contact all Families.
 - 6. Check for injured.
 - 7. Turn off gas.
 - 8. Form into damage assessment parties by address.
 - 9. Complete area damage assessment.
 - a. Destroyed
 - b. Major damage
 - c. Minor damage

10. Report damage assessment to Network Coordinator for relay to Emergency Operations Center by C.B.
11. Consider blocking off area access except for emergency vehicles and residents.
12. Use Resource Inventory Cards for needed personnel or tools.

I. Post-disaster activities.

1. Secure neighborhood.
2. Cooperate with police, fire, Red Cross, etc.
3. Start clean-up action.
4. Check via Network coordinator on needs in other parts of the city.
5. Organize volunteer parties for disaster relief or field operations.
6. Communicate by radio or phone only when absolutely necessary. Observe radio discipline.
7. Comfort all victims. Share your feelings (resource: "Coping with Reactions to Disaster" by P.E.P.)
8. Get regular exercise.
9. Take time off and take any one off the job who has not taken a recent break.

Prepared by: Bill O'Callahan, MSW

NEIGHBORHOOD NETWORK AND GENERAL
DISASTER ORGANIZATION OUTLINE

Pacifica Residents

Neighborhood Network Representatives

Local Neighborhood Coordinators

Disaster Preparedness Commission

City Manager

All Department Chiefs

Mayor and City Council

County Manager

County Civil Defense Organization

State Governor

State Office of Emergency Services (O.E.S.)

U.S. President

Federal Emergency Management Agency (F.E.M.A.)

NEIGHBORHOOD NETWORK PRINCIPLES

The Neighborhood Network originates with neighbors taking responsibility for their own lives and property. It is foolish and incorrect to depend upon the city in a disaster. A well organized Neighborhood Network is your best resource in any emergency situation! A Neighborhood Network begins with mutual social, economic, personal, and security concerns and the self-interests of the families and neighbors.

Bureaucracies rarely solve problems; they either administer them or create them. The Neighborhood Network is informal and flexible in order to meet every Neighborhood's needs, and it depends on continuing communication among everyone. All tasks in the Network must be shared. All plans should be very simple and easily remembered. No one can help anyone until he is prepared himself.

NETWORK MAINTENANCE

Communication and transactions between neighbors nourish the Neighborhood Network. The opposite is even truer.

Neighborhood Networks fail half the time when Network coordinators and Network representatives stop listening to their neighbors. The Network fails the rest of the way, completely, when coordinators and representatives stop asking questions and giving information to their neighbors.

Communicate and listen on a regular basis to your neighborhood representative and neighbors. It can be done any time or place as a part of your normal activities. Schedule yourself for ten minutes once a month with every family in your area for Network Maintenance.

PROBLEMS

1. My neighbors lack interest.

Answer:

Point out self-interest advantages, money, friends, security, safety and dangers in not preparing. You are alone.

2. No one is willing to take responsibility.

Answer:

People are afraid of too much responsibility. Describe what is needed in actions by them as easy, cheap, non-time-consuming and enjoyable. Get them to take a small step before a big one.

3. My neighbors are not motivated.

Answer:

What motivates people? Anger, hope, urgency, fear, past experience, and the fact that you are needed.

4. Everyone is afraid.

Answer:

Do not directly oppose fear, it is okay. Do suggest the logical positives of a plan. If they are simple they can reduce fear and enable action. Be patient. Guide people and compliment them for small steps in preparedness.

PITFALLS

1. Acting alone.
2. Making complex plans.
3. Expecting too much of a person too soon.
4. Believing you must fully understand in technical detail disaster preparedness.
5. Creating complex organizations.
6. Monopolizing jobs.
7. Acting without feedback.
8. Forgetting the plan and timetable.
9. Failing to stay in touch with neighbors or coordinators.
10. Leaving an action by someone uncomplimented or unrecognized.
11. Having more than 30 families in your Network.

Exhibit 10:
Outreach Materials for Teachers
Marin and San Mateo Counties, California 1982

TIPS FOR TEACHERS IN TIME OF DISASTER
FROM
MARIN COUNTY COMMUNITY MENTAL HEALTH SERVICES
AND SANTA CRUZ COUNTY MENTAL HEALTH

UNDERSTAND YOURSELF AND EACH OTHER

As teachers in school personnel you are in the "front lines" in dealing with our children's reactions to the disaster. The nature of working in this area may give a classroom teacher insight. It is extremely important to remember that you too, are under similar stress and vulnerable to "burn out".

"Burn Out" symptoms include:

Depression, irritability, anxiety, hyperactivity,
exhaustion, loss of interest, etc.

Physical exhaustion, loss of energy, miscounting and
distraction, irritability, hyperactivity, hyperactivity, loss
of interest, etc.

Depression, exhaustion, fatigue, irritability, loss of interest
and inability to concentrate.

Loss of interest, irritability, loss of interest, loss
of interest, loss of interest, loss of interest, etc.

It is important to remember the symptoms and find ways to relieve the stress. You can work after a disaster, to allow your staff to rest about your experience. This may be not only in that respect to discuss your personal experience to help in a disaster, as well as to share ideas on dealing with and assisting the children.

Dealing with a disaster is not only the job of a classroom teacher, but also the job of a disaster and your students' position could easily be overwhelmed in a disaster. To encourage your staff and to take care of ourselves and each other we help keep the stress to a more manageable level.

**TIPS FOR TEACHERS IN TIME OF DISASTER
FROM
MARIN COUNTY COMMUNITY MENTAL HEALTH SERVICES
AND SANTA CRUZ COUNTY MENTAL HEALTH**

TAKING CARE OF YOURSELVES AND EACH OTHER

As teachers or school personnel you are in the "front lines" in dealing with our children's reactions to a disaster. By virtue of working or living in the area you are a disaster victim yourself. It is extremely important to recognize that you, too, are under particular stress and vulnerable to "burn out."

"Burn out" reactions include:

- Depression, irritability, anxiety, hyperexcitability, excessive rage, etc.
- Physical exhaustion, loss of energy, gastrointestinal distress, appetite disturbances, hypochondria, sleep disorders, tremors.
- Hyperactivity, excessive fatigue, inability to express self verbally or in writing.
- Slowness of thought, inability to make decisions, loss of objectivity in evaluating own functioning, external confusion, etc.

It is important to recognize the symptoms and find ways to relieve the stress. You can use each other as a support system, by allowing each to vent his or her experiences. Time might be set aside in staff meetings to discuss your own personal responses to being in a disaster, as well as to share ideas on dealing with and assisting the students.

Teaching is a high stress job under the best of circumstances. Dealing with your own responses to a disaster and your students' reactions could easily feel overwhelming at times. To recognize this fact and to take care of yourselves and each other can help keep the stress to a more manageable level.

REACTIONS OF CHILDREN TO DISASTER

Although many feelings and reactions are shared in common by people of all ages in response to the direct or indirect effects of a disaster, special attention is required to meet the needs of children.

Typical reactions for children of all ages include:

- fears of future disasters
- loss of interest in school
- regressive behavior
- sleep disturbance and night terrors
- fears of natural events associated with the disaster

SPECIFIC AGE GROUPS

Different age groups of children tend to be vulnerable to the stress of disaster in unique ways. Below we have summarized typical responses for different age groups and suggested responses to them.

Preschool (ages 1-5)

Typical responses in this age group include:

- thumbsucking
- bedwetting
- fears of the darkness or animals
- clinging to parents
- night terrors
- loss of bladder or bowel control; constipation
- speech difficulties (e.g., stammering)
- loss or increase of appetite

Children in this age group are particularly vulnerable to disruption of their previously secure world. Because they generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves, they look to family members for comfort. They are often strongly affected by reactions of parents and other family members. Abandonment is a major fear in this age group, and children who have lost family members or even pets or toys will need special reassurance.

The goals of the following suggestions are to help the child integrate his/her experiences and reestablish a sense of security and mastery:

- encourage expression through play reenactment
- provide verbal reassurance and physical comforting
- give frequent attention

encourage expression regarding loss of pets or toys
provide comforting bedtime routines
allow to sleep in same room with parents (with the understanding that this is for a limited period of time)

Early Childhood (ages 5 to 11)

Common responses in this age group include:

- irritability
- whining
- clinging
- aggressive behavior at home or school
- overt competition with younger siblings for parents' attention
- night terrors, nightmares, fear of darkness
- school avoidance
- withdrawal from peers
- loss of interest and poor concentration in school

Regressive behavior is most typical of this group. Loss of pets or prized objects is particularly difficult for them to handle.

The following responses may be helpful:

- patience and tolerance
- play sessions with adults and peers
- discussions with adults and peers
- relaxation of expectations in school or at home (with the clear understanding that this is temporary and the normal routine will be resumed after a suitable period)
- opportunities for structured but not demanding chores and responsibilities at home
- rehearsal of safety measures to be taken in future disasters

Preadolescent (ages 11 to 14)

Common responses in this age group are:

- sleep disturbance
- appetite disturbance
- rebellion in the home
- refusal to do chores
- school problems (e.g., fighting, withdrawal, loss of interest, attention-seeking behavior)
- physical problems (e.g., headaches, vague aches and pains, skin eruptions, bowel problems, psychosomatic complaints)
- loss of interest in peer social activities

Peer reactions are especially significant in this age group. The child needs to feel that his/her fears are both appropriate and shared by others. Responses should be aimed at lessening tensions and anxieties and possible guilt feelings.

The following may be helpful:

- group activities geared toward the resumption of routines
- involvement with same age group activity
- group discussions geared toward reliving the disaster and rehearsing appropriate behavior in future disasters
- structured but undemanding responsibilities
- temporarily relaxed expectations of performance at school and home
- additional individual attention and consideration

Adolescent (ages 14 to 18)

Common responses in this age group include:

- psychosomatic symptoms (e.g., rashes, bowel problems, asthma)
- headaches and tension
- appetite and sleep disturbance
- hypochondriasis
- amenorrhea or dysmenorrhea
- agitation or decrease in energy level; apathy
- decline in interest in the opposite sex
- irresponsible and/or delinquent behavior
- decline in emancipatory struggles over parental control
- poor concentration

Most of the activities and interests of the adolescent are focused in his/her own age-group peers. They tend to be especially distressed by the disruption of their peer group activities and the lack of access to full adult responsibilities in community efforts.

The following responses are recommended:

- encourage participation in the community rehabilitation or reclamation work
- encourage resumption of social activities, athletics, clubs, etc.
- encourage discussion of disaster experiences with peers, extra-family significant others
- temporarily reduce expectations for level of school and general performance
- encourage but do not insist upon discussion of disaster fears within the family setting

WHEN TO REFER TO MENTAL HEALTH PROFESSIONALS?

We have stressed that there is a wide range of normal reactions following a disaster. Usually the reactions can be dealt with by support at home and at school. This isn't always the case, and you may need to recommend professional help. In making such a referral, it is important to stress that it is not a sign of failure for parents if they find they are not able to help their child by themselves. It is also important to note that early action will help the child return to normal and avoid more severe problems later.

Students who have lost family members or friends, who were physically injured, or felt that they were in extreme danger are at special risk. Individuals who have been in previous disasters or who were involved in individual or family crises in addition to the disaster, may have more difficulty dealing with the additional stress. Counseling may be recommended as a preventive measure in cases when these circumstances are known to exist.

If symptoms that are considered normal reactions following a disaster persist several months and/or are disruptive to the student's social, mental, or physical functioning, referral is recommended.

PRESCHOOL AND ELEMENTARY SCHOOL

Consider referring the family for professional help if the child:

- Seems excessively withdrawn and depressed; does not respond to special attention and attempts to draw him/her out.

JUNIOR HIGH AND HIGH SCHOOL

Consider referral to a mental health professional if the student:

- Is disoriented, that is, if he/she is unable to give own name, town, and the date
- Complains of significant memory gaps
- Is despondent and shows agitation, restlessness and pacing
- Is severely depressed and withdrawn
- Mutilates self
- Uses drugs or alcohol excessively
- Is unable to care for self, e.g., doesn't eat, drink, bathe or change clothes

- Repeats ritualistic acts
- Hallucinates--hears voices, sees visions
- States his/her body feels "unreal" and expresses fears that s/he is "going crazy"
- Is excessively preoccupied with one idea or thought
- Has the delusion that someone or something is out to get him and his family
- Is afraid he will kill self or another
- Is unable to make simple decisions or carry out everyday functions
- Shows extreme pressure of speech--talk overflows

CLASSROOM ACTIVITIES

Many of the teachers in Bay Area Counties responded to the disaster in January 1982 with creative classroom activities to assist their students in ventilating and integrating their experiences. We have compiled some of these activities appropriate to the age group with which you work. They are meant to be vehicles for expression and discussion for your students, important steps in the healing process. These are examples of what can be done. They can be used to stimulate your own ideas and can be adapted to meet your own students' needs and your teaching style.

You may find that many of the activities are relevant not only in the case of future disaster, but appropriate in fall and winter, as our community continues in its attempt to recover from the disaster. It is anticipated that residual effects from the January 1982 storm will continue surfacing for some time. In particular, as the rainy season starts, some reactions that were common immediately following the disaster may reappear as anxiety rises.

PRESCHOOL ACTIVITIES

1. Availability of toys that encourage play reenactment of children's experiences and observations during the disaster can be helpful to them in integrating these experiences. These might include fire trucks, dump trucks, rescue trucks, ambulances, building blocks or playing with puppets or dolls as ways for the child to ventilate his or her own feelings about what has occurred.

2. Children need lots of physical contact during times of stress to help them reestablish ego boundaries and a sense of security. Games that involve physical touching among children within a structure are helpful in this regard. Some examples might be:
 - a. Ring Around the Rosie
 - b. London Bridge
 - c. Duck, Duck, Goose
3. Providing extra amounts of finger foods, in small portions, and fluids is a concrete way of supplying the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary as children tend to revert to more regressive behavior in response to feeling that their survival or security is threatened.
4. Have the children do a mural on butcher paper with topics such as what happened in your house (school or neighborhood) when the big storm hit (earthquake, etc.). This is recommended for small groups with discussion afterward facilitated by an adult.
5. "Short stories" dictated to an adult on a one-to-one basis on such topics as "What I do and don't like about the rain." This activity can help the child verbalize his/her fears, as well as to perhaps get back in touch with previous positive associations with the disruptive phenomena.
6. Have the children draw pictures about the disaster and then discuss the pictures in small groups. This activity allows them to vent their experiences and to discover that others share their fears.
7. Do a group collage.
8. In small groups have each child take a turn at answering the question, "If you were an animal, what would you be and what would you do if it started raining hard?" This can be a non-threatening way for the children to express their fears. The adult might end each turn by having them tell how they would make themselves safe as a child rather than as an animal.

PRIMARY SCHOOL ACTIVITIES

1. For the younger children, availability of toys that encourage play reenactment of their experiences and observations during the disaster can be helpful in their integrating these experiences. These might include ambulances, dump trucks, fire trucks, building blocks, and dolls. Play with puppets can provide ways for the older children, as well, to ventilate their feelings.
2. Help or encourage the children to develop skits or puppet shows about what happened in the disaster. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.
3. Do a group mural on butcher paper with topics such as, "what happened in your neighborhood (school or home) when the big storm hit." This is recommended for small groups with discussion afterward, facilitated by an adult. It can help them feel less isolated with their fears and provide the opportunity to vent their feelings.
4. Have the children create short stories (written or dictated to an adult, depending upon their ages) about their experience in the disaster.
5. Have the children draw pictures and then talk about them in small groups on such topics as (a) What happened when the disaster hit? (b) How did you help your family during the flood or storm? (c) How could you help your parents if you were in another disaster? How can we be prepared for a disaster? (d) Did anything good happen during the storm? (e) What did you, or anyone you know, lose during the storm? It is important in the group discussion to end on a positive note, e.g., a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis, etc., as well as to provide a vehicle for expressing their feelings about what took place.
6. Stimulate group discussion about disaster experiences by showing your own feelings, fears or experiences during the flood. It is very important to legitimize their feelings and to help them feel less isolated.

7. Have the children brainstorm on their own classroom or family disaster plan. What would they do? What would they take if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family? Encourage them to discuss these things with their families.
8. Encourage class activities in which children can organize or build projects (scrapbooks, replicas, etc.), thus giving them a sense of mastery and ability to organize what seem like chaotic and confusing events.
9. Encourage "disaster" games in which children set rules and develop outcomes which can allow them to develop feelings of mastery over events.
10. Have the children color the pictures in "The Awful Rain and How It Made Me Feel" (or similar material appropriate to the disaster). Encourage the children to talk about their own feelings during and after the disaster.

JUNIOR HIGH AND HIGH SCHOOL ACTIVITIES

1. Group discussion of their experiences of the disaster is particularly important among adolescents. They need the opportunity to vent as well as to normalize the extreme emotions that come up for them. A good way to stimulate such a discussion is for the teacher to share his/her own reactions to the disaster. They may need considerable reassurance that even extreme emotions and "crazy thoughts" are normal in a disaster. It is important to end such discussions on a positive note (e.g., What heroic acts were observed? How can we be of help at home or in the community? How could we be more prepared for a disaster?). Such discussion is appropriate for any course of study in that it can facilitate a return to more normal functioning.
2. Break the class into small groups and have them develop a disaster plan for their home, school or community. This can be helpful in repairing a sense of mastery and security, as well as having practical merit. The small groups might then share

their plans in a discussion with the entire class. Encourage students to share their plans with their families. They may wish to conduct a "Family Disaster Preparedness" meeting and invite family members and disaster preparedness experts to participate.

3. Conduct a class discussion and/or support a class project on how the students might help the community rehabilitation effort. It is important to help them develop concrete and realistic ways to be of assistance. This helps them to overcome the feelings of helplessness, frustration, and "survivors guilt" that are common in disaster situations.
4. Classroom activities that relate the disaster to course study can be a good way to help the students integrate their own experience or observations while providing specific learning experiences. In implementing the following suggestions (or similar ideas of your own) it is very important to allow time for the students to discuss feelings that are stimulated by the projects or issues covered.

Journalism--Have the students write stories that cover different aspects of the disaster. These might include community impact, lawsuits that result from the disaster, human interest stories from fellow students, geological impact, etc. Issues such as accurate reporting of catastrophic events as sensationalism might be discussed. The stories might be compiled into a special student publication.

Science--Cover scientific aspects of the disaster, e.g., discuss climatic conditions, geological impact, etc. Project about stress: physiological responses to stress and methods of dealing with it. Discuss how flocks of birds, herds of animals, etc., band together and work in a threatening or emergency situation. What can be learned from their instinctive actions?

English composition--Have the students write about their own experiences in the disaster. Such issues as the problems that arise in conveying heavy emotional tone without being overly dramatic might be discussed.

Literature--Have students report on natural disasters in Greek mythology, American and British literature, in poetry.

Psychology--Have the students apply what they have learned in the course to the emotions, behaviors, and stress reactions they felt or observed in the disaster. Cover post-traumatic stress syndrome. Have a guest speaker from the mental health professions involved in disaster work with victims, etc. Have students discuss (from their own experience) what things have been most helpful in dealing with disaster-related stress. Have students develop a mental health education brochure discussing emotional/behavioral reactions to disaster and things that are helpful in coping with disaster-related stress. Have students conduct a survey among their parents or friends: What was the most dangerous situation in which you ever found yourself? How did you react psychologically?

Peer counseling--Provide special information on common responses to disaster; encourage the students' helping each other integrate their own experiences.

Health--Discuss emotional reactions to disaster, the importance of taking care of one's own emotional and physical well-being, etc. Discuss health implications of the disaster, e.g., water contamination, food that may have gone bad due to lack of refrigeration, and other health precautions and safety measures. Discuss the effects of adrenalin on the body during stress and danger. A guest speaker from Public Health and/or Mental Health might be invited to the class.

Art--Have the students portray their experiences of the disaster in various art media. This may be done individually or as a group effort (e.g., making a mural).

Speech/Drama--Have the students portray the catastrophic emotions that come up in response to a disaster. Have them develop a skit or play on some aspects of the event. Conduct a debate:
Resolved: Women are more psychologically prepared to handle stress than men (or vice-versa).

Math--Have the class solve mathematical problems related to the impact of the disaster (e.g., build questions around gallons of water lost, cubic feet of earth that moved in a mud slide).

Civics/Government--Study governmental agencies responsible for aid to victims, how they work, how effective they are, the political implications within a community. Examine the community systems and how the stress of the disaster has affected them. Have students invite a local governmental official to class to discuss disaster precautions, warning systems, etc. Have students contact the California Seismic Safety Commission of State legislators regarding recent disaster-related bills passed or pending. How will this legislation affect your community and other areas of the State? Visit local Emergency Operating Centers and learn about their functions.

History--Have students report on natural disasters that have occurred in your community or geographic area and what lessons were learned that can be useful in preparing for future disasters.

Exhibit 11:
Bi-lingual Outreach Materials
for Families (Spanish and English)
Santa Clara County, California 1983

REACCIONES COMUNES EN VÍCTIMAS DE INUNDACIONES

Después de una inundación, las víctimas pueden experimentar ciertas reacciones que son molestas pero que dadas las circunstancias son normales. En general, estas reacciones y molestias son de corta duración. Sin embargo, es importante reconocer estas reacciones y saber que hay agencias que pueden ayudar tanto a Usted como a su familia.

REACCIONES MÁS COMUNES

- | | |
|------------------------------|---|
| - Irritabilidad | - Frustración y coraje |
| - Cansancio | - Problemas físicos, como dolores de cabeza, estómago revuelto, náuseas, etc. |
| - Pérdida de apetito | - Sentirse sin esperanza |
| - Pérdida de sueño | - Sentirse agitado |
| - Pesadillas en la noche | - Reducción en el apetito sexual |
| - Temor y miedo | |
| - Dificultad en concentrarse | |

NECESIDADES Y REACCIONES EN LOS NIÑOS

Los niños experimentan estas circunstancias de forma diferente a los adultos. Es normal que los niños se sientan enojados y muestren esos sentimientos. Cada niño puede reaccionar de forma diferente, aun los niños de una misma familia.

Los problemas más comunes que Usted puede observar en sus hijos son:

- | | |
|---|--|
| - Miedo excesivo a la oscuridad, a estar separados de Usted, o a quedarse solos | - Aumento en agresividad o muy tímido |
| - Preocupaciones constantes | - Problemas en la escuela o con los amigos |
| - Aumento en conducta inapropiada | - Ordenarse en la cama o chuparse el dedo |
| - Cambios en el apetito y en el dormir | - Pesadillas persistentes en la noche |
| - No querer ir a la escuela | |

Si Usted nota alguno de estos cambios en sus hijos, no se alarme pero llame al 259-4110, le daremos la ayuda necesaria.

Hablar acerca de nuestras experiencias puede servir para reconocer nuestros sentimientos de coraje, frustración, enojo y falta de esperanza. Es normal sentirse enojado, frustrado y deprimido aun varios meses después de la experiencia. Estas son reacciones normales. Es muy importante que reconozcamos estos sentimientos y procuremos canalizarlos a actividades productivas.

REACCIONES COMUNES EN VICTIMAS DE INUNDACIONES

Después de una inundación, las víctimas pueden experimentar ciertas reacciones que son molestas pero que, dadas las circunstancias, son normales. En general, estas reacciones y molestias son de corta duración. Sin embargo, es importante reconocer estas reacciones y saber que hay agencias que pueden ayudar tanto a usted como a su familia.

REACCIONES MAS COMUNES

- Irritabilidad
- Cansancio
- Pérdida de apetito
- Pérdida de sueño
- Pesadillas en la noche
- Temor y miedo
- Dificultad en concentrarse
- Frustración y coraje
- Problemas físicos, como dolores de cabeza, estómago revuelto, náuseas, etc.
- Sentirse sin esperanza
- Sentirse agitado
- Reducción en el apetito sexual

NEECSIDADES Y REACCIONES EN LOS NIÑOS

Los niños experimentan estas circunstancias de forma diferente a los adultos. Es normal que los niños se sientan enfadados y muestren esos sentimientos. Cada niño puede reaccionar de forma diferente, aun los niños de una misma familia.

Los problemas más comunes que usted puede observar en sus hijos son:

- Miedo excesivo a la obscuridad, a estar separados de usted, o a quedarse solos
- Preocupaciones constantes
- Aumento en conducta inapropiada
- Cambios en el apetito y en el dormir
- No querer ir a la escuela
- Aumento en agresividad o timidez
- Problemas en la escuela o con los amigos
- Orinarse en la cama o chuparse el dedo
- Pesadillas persistentes en la noche

Si usted nota alguno de estos cambios en sus hijos, no se alarme pero llame al 259-4110, le daremos la ayuda necesaria.

Hablar acerca de nuestras experiencias puede servir para reconocer nuestros sentimientos de coraje, frustración, enfado y falta de esperanza. Es normal sentirse enfadado, frustrado, y deprimido aun varios meses después de la experiencia. Estas son reacciones normales. Es muy importante que reconozcamos estos sentimientos y procuremos canalizarlos a actividades productivas.

Cuando vuelvan a reasumir su vida normal, es importante que vuelvan a sus quehaceres cotidianos, que re-establezcan sus horarios regulares de comidas y de ir a dormir. Durante este tiempo, el estar en contacto con nuestros amigos, familia y vecinos para hablar de las experiencias pasadas puede servir de gran ayuda.

Nuestros hijos necesitan expresarse. Déles animo y ayúdeles a describir sus experiencias (pueden necesitar harcerlo muchas veces) y déles apoyo. Durante el tiempo de volver a la rutina diaria, procure escuchar a sus hijos, y aumente las expresiones de afecto y amor hacia a ellos principalmente al tiempo de acostarlos.

Las experiencias pasadas ponen presiones en las relaciones familiares y conyugales. Con frecuencia, las parejas no se dan cuenta de esto, pueden empezar a experimentar problemas y aun a pensar en separarse. Es muy importante en darse cuenta de esto, tomar los medios necesarios, y trabajar en reparar la relación conyugal de la misma forma que tendrán que trabajar en reparar su casa.

Lo más importante es aprender a confrontar y hacer frente al impacto del desastre. Durante las primeras semanas es fácil sentirse bien, viendo el entusiasmo y la ayuda mutua que los vecinos se dan intentando reconstruir su comunidad. Es después de esta fase inicial cuando la gente empieza a sentirse deprimida y aislada. Estos sentimientos son normales. Sin embargo, estos sentimientos tienen que ser reconocidos y usted tiene que hacer algo para resolverlos. Si usted o su familia no puede resolver sólo estos problemas, EL PROYECTO DE AYUDA PARA LAS VICTIMAS DE LA INUNDACION está para servirle; llame al 259-4110.

COMMON REACTIONS TO DISASTER

There are some normal reactions we may all experience as a result of a disaster. Generally, these feelings are shortlasting; however, it is important to know that support is available for you and your family.

SOME COMMON SIGNS ARE:

- irritability
- fatigue
- loss of appetite
- sleep disturbance
- nightmares
- fearfulness
- anger
- physical ailments (headaches, nausea, etc.)
- helplessness
- inability to slow down
- lack of concentration
- lack of trust in own decisions

CHILDREN'S NEEDS:

It is normal for children to be upset and to show feelings about what has happened to them. Each child may react differently, even from within the same family. Listed below are some problems you may see in your children.

- excessive fear of darkness, separation, or being alone
- worrying
- increase in immature behaviors
- changes in eating/sleeping behaviors
- increase in aggressive behavior or shyness
- bedwetting or thumbsucking
- persistent nightmares
- school avoidance

Talking about our experiences can be a good way to recognize feelings of anger, isolation and helplessness. It is not unusual to feel let down and resentful months after the event. These are all normal reactions. It is important to acknowledge these feelings and channel them into constructive activities.

As we return to normal, it is important to resume daily routines such as getting regular exercise and reestab-

lishing regular eating and sleeping patterns. During this time, it helps us to stay in contact with our friends and use them for support as we talk about our experiences.

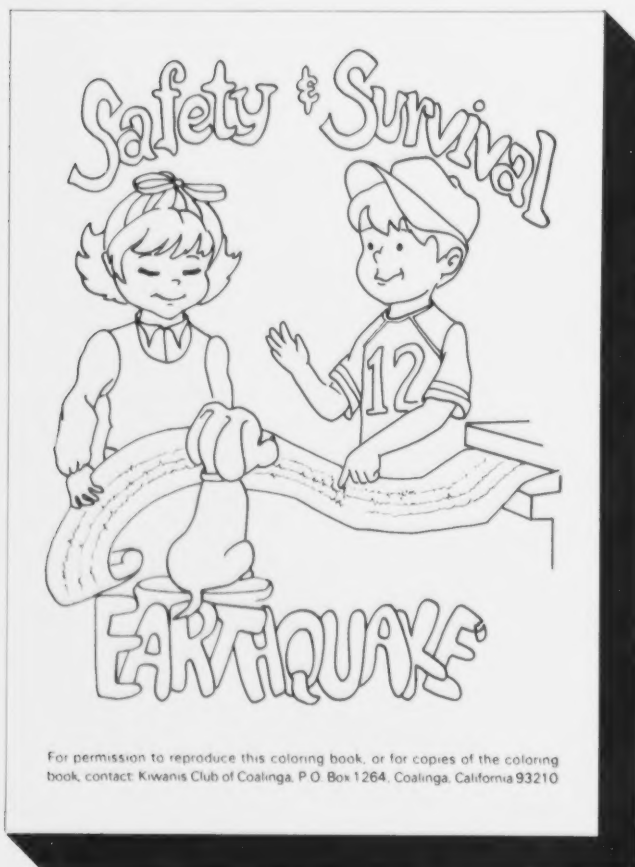
Our children need to express themselves. Encourage them to describe their experience (which they may need to do many times), and support them as they come to grips with the experience. This is a time to relax the usual routine and listen to your children, providing time for closeness and affection, particularly at bedtime.

Stresses can put demands on family relationships. Couples may often lose sight of this, and may be hurt and bewildered that they are not getting along, not feeling "close," or may be thinking of separating. It is as important to care for and repair our relationships as it is to work on our physical property.

Learning how to cope with the impact of disaster is most important. During the first few weeks, it is easy to be overwhelmed by the sense of enthusiasm that goes along with the community collectively rebuilding itself. After that initial phase some people may feel isolated and depressed. All of these feelings are perfectly normal. If you or your family are having difficulty coping, now is a good time to ask for support.

If you have any questions regarding the above information, you can call "Counseling for Flood Victims Project," Monday through Friday, between 8:00 A.M. and 5:00 P.M. at 259-4110.

Exhibit 12:
Bi-lingual Outreach Materials
for Parents and Teachers (Spanish and English)
Kiwanis Club of Coalinga, California 1984



Safety & Survival



For permission to reproduce this coloring book, or for copies of the coloring book, contact: Kiwanis Club of Coalinga, P.O. Box 1264, Coalinga, California 93210

Dear Parents and Teachers,

After an earthquake, or other disaster, it is normal and expected to experience uncomfortable feelings like disbelief, shock, and a sense of loss. It is common to feel angry, frustrated, and depressed for several months. Aftershocks can make anyone nervous and fearful. In time, these unpleasant feelings lessen and generally go away.

Taking time to listen to your child is especially important. This may be difficult to schedule with the many other pressing responsibilities parents have, especially following a disaster, but it will be time well spent. Share your own feelings and fears and explain what you know about earthquakes.

This coloring book was developed because children often have a difficult time expressing their feelings. They may not be sure how to ask for help in getting over bad memories and fears. Allowing them to share this activity with you will give you an opportunity to help your child deal with unpleasant feelings and also learn a safety measures. We hope that both you and your child enjoy this book.

Sincerely,
Kiwanis Club of Coalinga

Estimados Padres y Maestros,

Es normal que los terremotos y otros desastres naturales nos dejen algo confundidos, asustados y aun desolados. Meses despues, muchos seguimos irritados, trastornados, y deprimidos. Todos podemos quedar nerviosos y asustados despues de temblores menores que naturalmente siguen, (Acomodamientos de tierra). Con el tiempo, estas sensaciones desagradables se reducen y finalmente pasan.

Por lo tanto, es muy importante que dediquen tiempo para escuchar a sus hijos. Con todo el quehacer que hay despues de un desastre, es dificil, pero vale la pena hacerlo. Comparta sus sentimientos y temores con ellos; y platiqueles sencillamente sobre lo que pasa cuando hay temblores.

Este libro para pintar se hizo por lo dificil que es para nuestros ninios expresar sentimientos. Quiza no saben como pedirnos ayuda para vencer sus temores y recuerdos desagradables. Al compartir esta actividad con ellos, les daran la oportunidad de ayudarlos a ver que estos sentimientos son normales y que pasaran. Tambien aprenderan medidas de seguridad ante otros desastres. Esperamos que usted y sus ninios disfruten este libro.

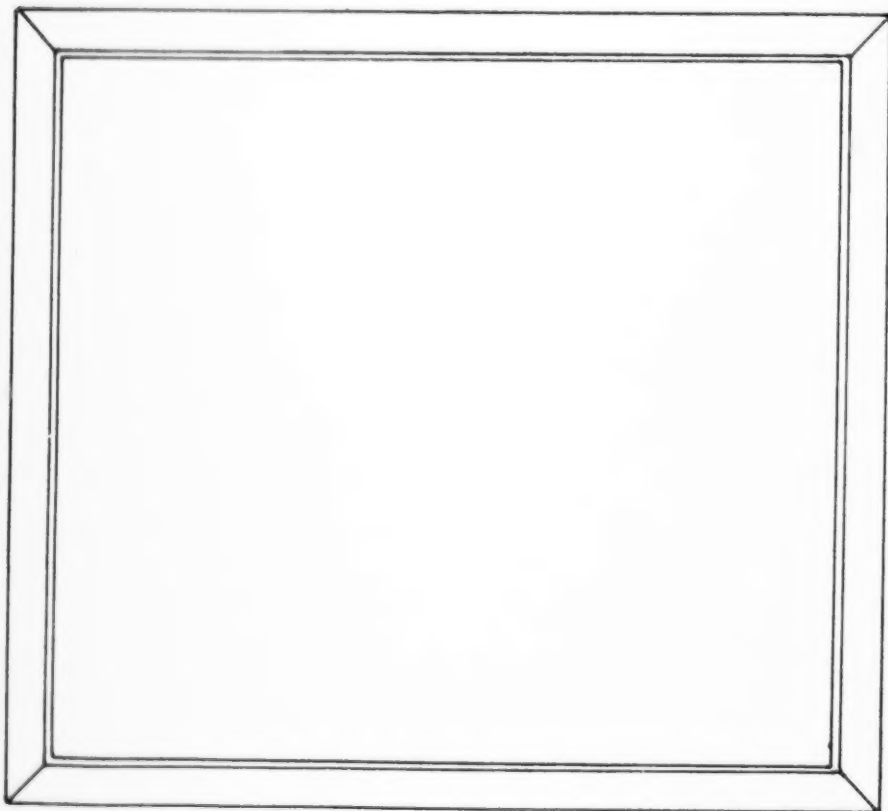
Sinceramente,
Kiwanis Club of Coalinga

©Kiwanis Club of Coalinga, 1984.

My name is _____
Mi nombre es _____

I am _____ years old
Tengo _____ años

My school is _____
Mi escuela es _____



This is a picture of me and my family.
Éste es un dibujo de mi familia y yo.

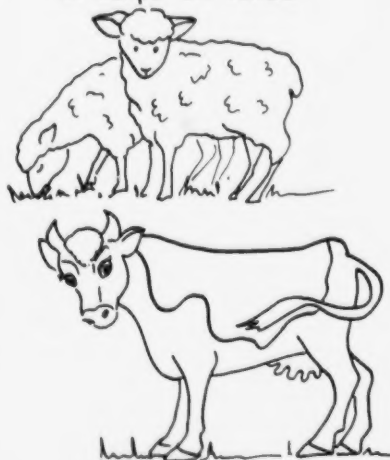
The earth is good to us.

...it helps us grow



La tierra nos provee.

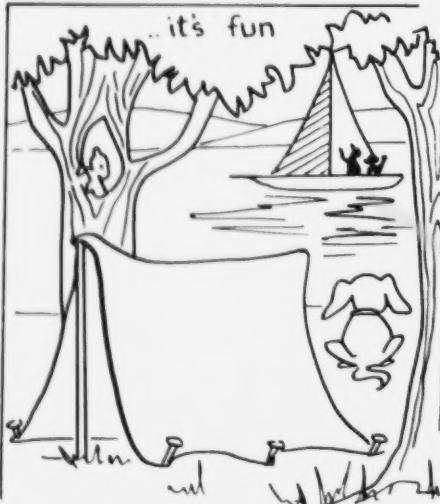
it helps us raise



...it produces oil

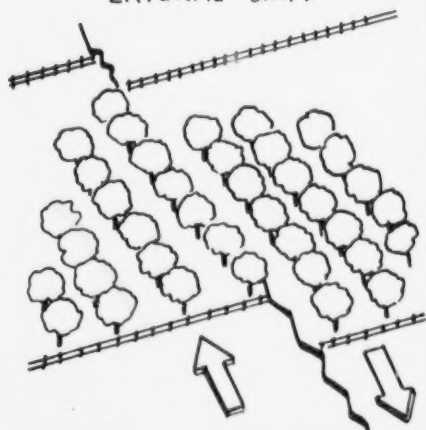


...it's fun



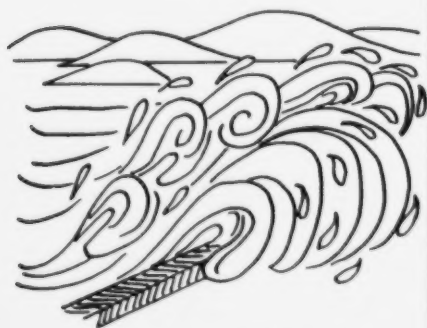
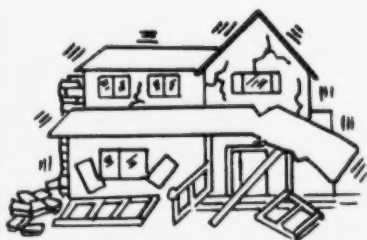
EARTHQUAKE

LATERAL SHIFT

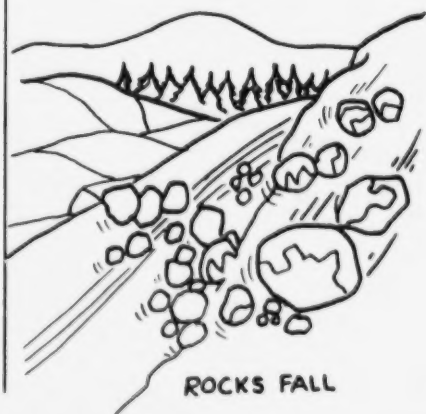


TERREMOTO

HOMES FALL DOWN



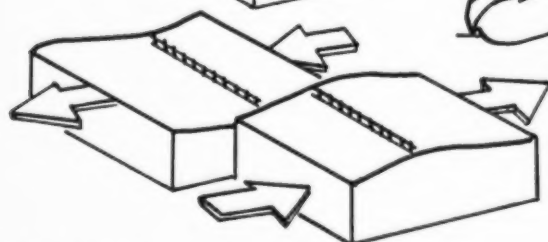
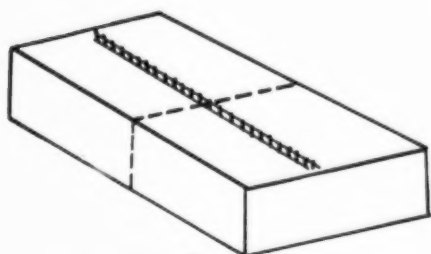
WATER OVERFLOWS



ROCKS FALL

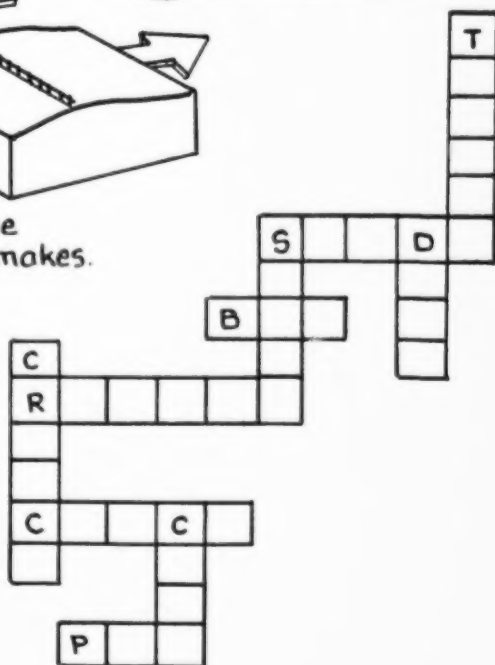
The earth moves and makes sounds.

La tierra se mueve y hace ruido.



Fill in the puzzle with the sounds an earthquake makes.

RUMBLE
CRACK
SHAKE
TUMBLE
BAM
CRUNCH
CLAP
DRAG
SLIDE
POP

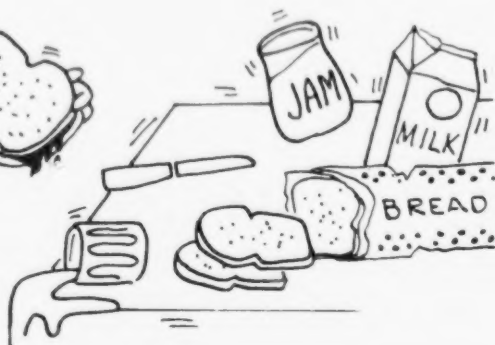




120



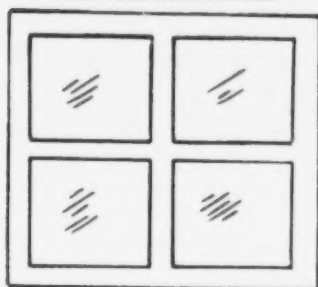
It can happen at any time.
Puede pasar a cualquier tiempo



Color in the letters with stars and see what some feelings are after an earthquake.



DUCK AND COVER
CÚBRASE



Turn away from windows
Retírese de las ventanas

Under a doorway
Bajo de un portal.

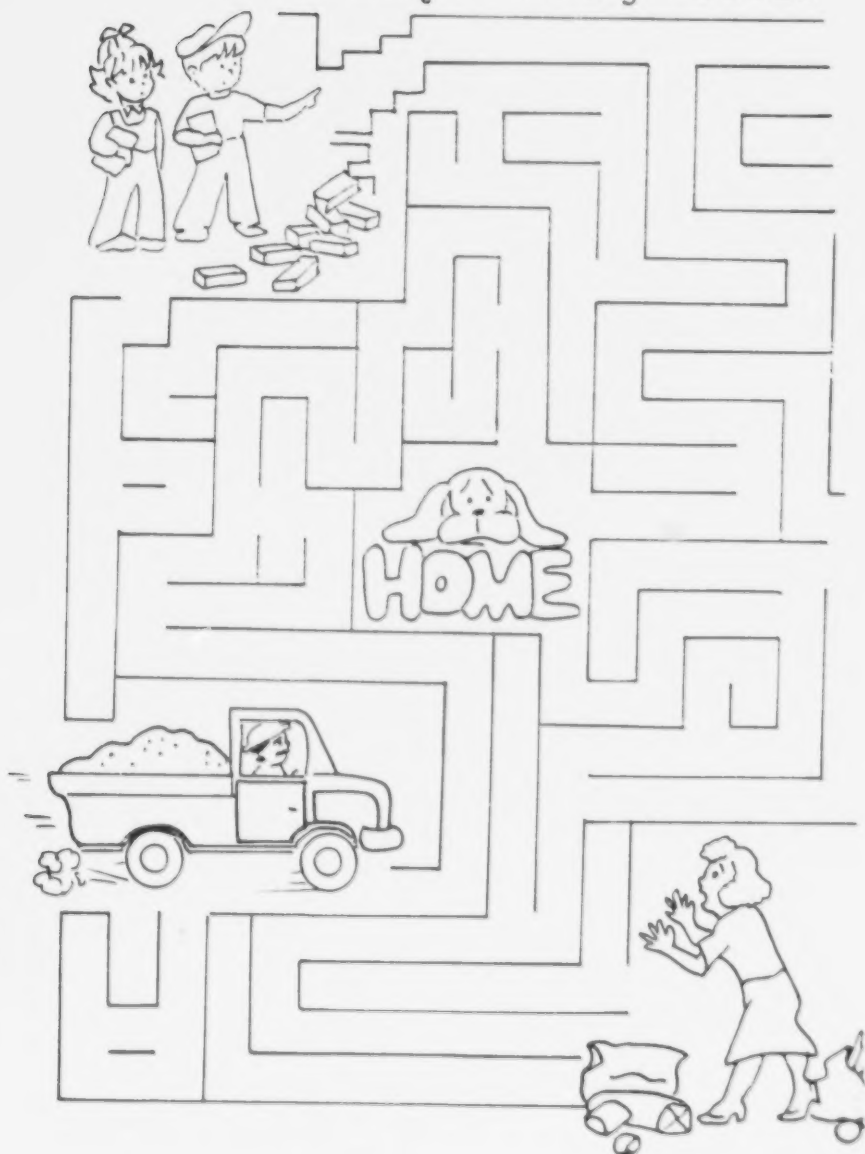


Under a desk or table
Bajo de un escritorio-una mesa

Cooperate and obey: Parents, Teachers, Police, Fireman.
Coópere y obedezca a sus, Padres, Maestros, la Policía,
y los Bomberos.



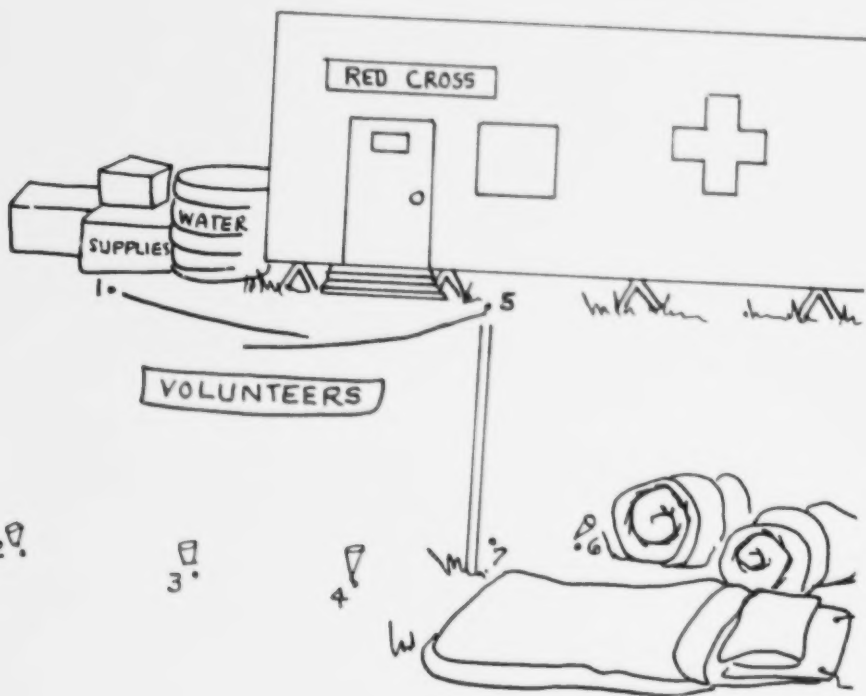
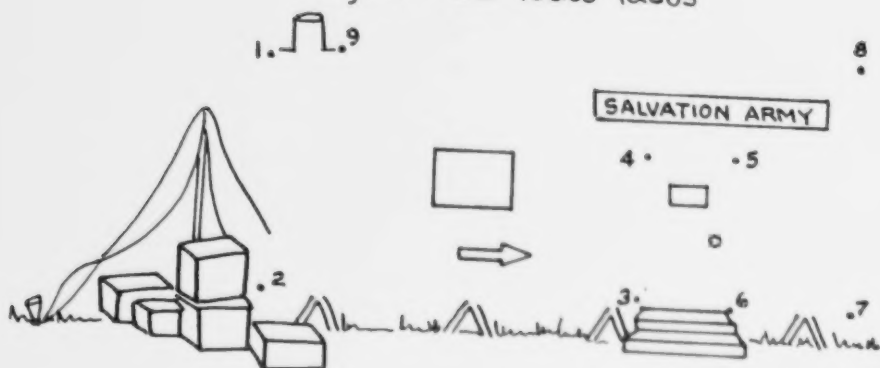
Find your way home.
Busque' como llegar a su ca

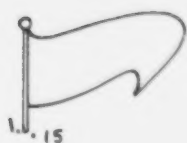


We help each other
Nos podemos ayudar.



Outside helpers Ayuda de todos lados





Sharing and Caring
Compartiendo con cariño

Some people move
Algunos se mueven



Rebuilding

Otros empiezan de nuevo



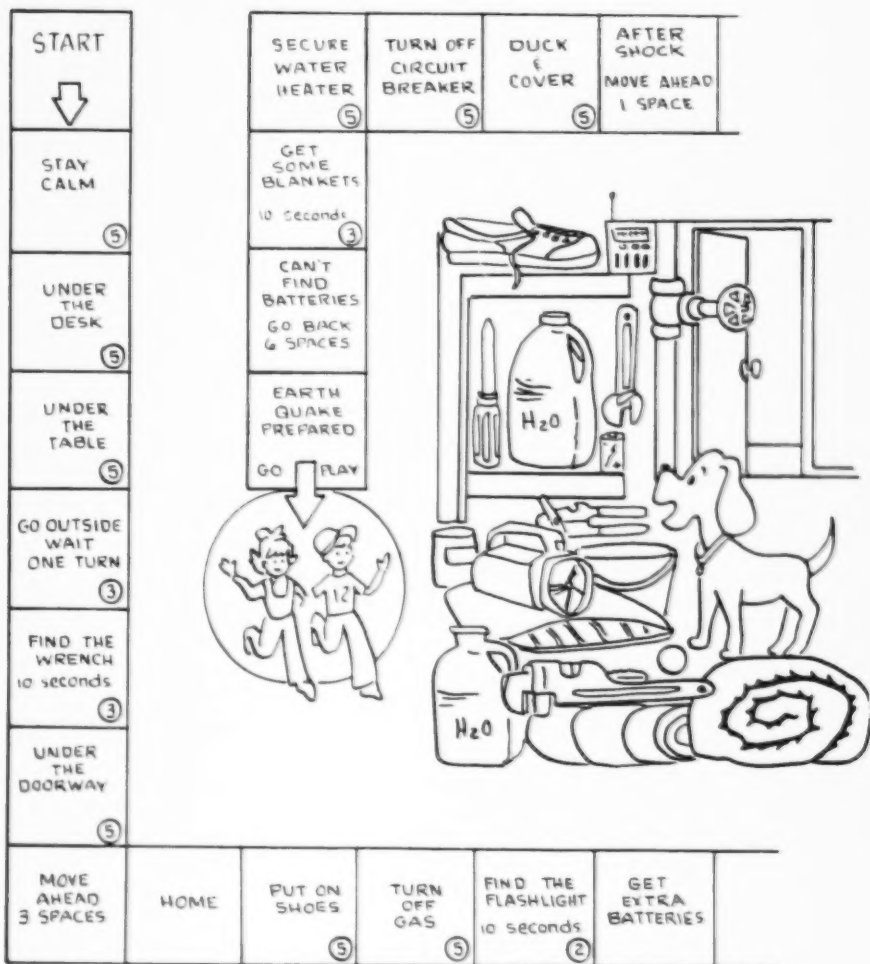
Find the emergency supplies



Encuentre las provisiones de emergencia

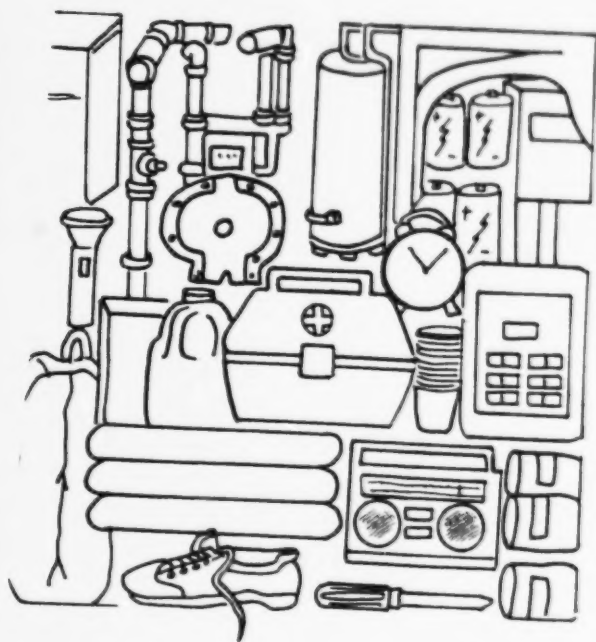


BE EARTHQUAKE PREPARED



- USE A BEAN OR PENNY FOR A MOVER
- USE DICE OR A SPINNER
- MAKE MOVES AND ADD UP POINTS
- FIRST ONE TO "EARTHQUAKE PREPARED" AND WITH THE MOST POINTS WINS.

BE PREPARED (5)	WHERE IS THE RADIO 10 seconds (3)	FIND THE BOTTLED WATER 10 seconds (3)	UNDER THE TABLE (5)	MOVE FAST TAKE ANOTHER TURN	FIND FIRST AID KIT 5 seconds (3)
-----------------------	--	--	------------------------------	--------------------------------------	---



DANGEROUS
AREA
GO BACK
HOME

AFTER
SHOCK
GO BACK
10 SPACES

TURN
OFF
WATER
(5)

EVACUATE
(3)

LIT
MATCH
GO BACK
HOME

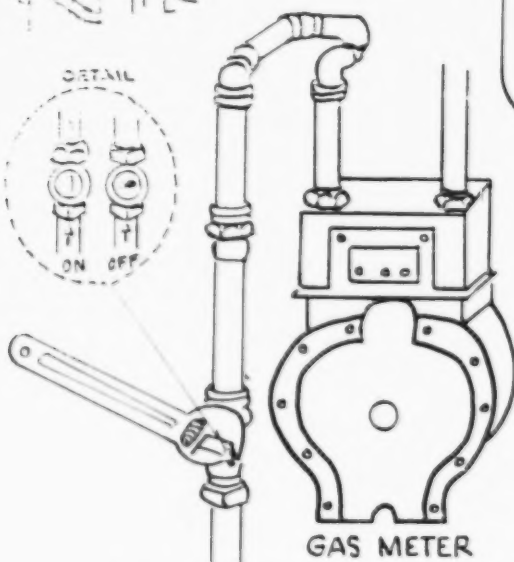
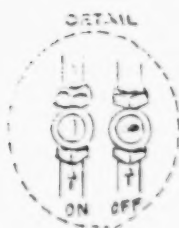
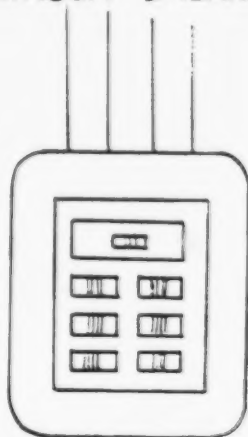
HELP
CLEAN
MESS
(5)

BE PREPARED (5)	FIND FIRE EXTINGUISHER (3)	LISTEN TO RADIO (3)	FIND YOUR PET (5)	YOU USED YOUR TELEPHONE GO BACK 2 SPACES	EMERGENCY SUPPLIES ARE LOW GO BACK 5 SPACES
-----------------------	----------------------------------	------------------------------	----------------------------	--	---

Do you know where and how to turn these off?
¿Sabe dónde y cómo apagar estas cosas?



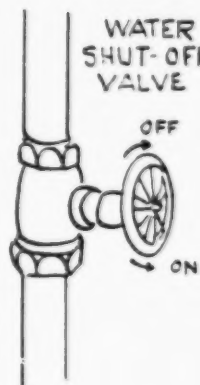
CIRCUIT BREAKER



SHUT-OFF VALVE

GAS METER

WATER
SHUT-OFF
VALVE



IS YOUR FAMILY READY? SAFETY CHECK LIST

Before . . .

- Basic Emergency Supplies
Water
Flashlight
Radio/Batteries
First-Aid Kit
Food Supply (Canned or Dry)
Required Medications
Tools
- Know where and how to turn off your gas, electricity and water.
- Have a plan to reunite your family
- Know the school's disaster plan.
- Secure hazardous materials

During . . .

- Keep calm
- If inside, stay there; duck, and cover
- If outside, stay there and get in the open
- If in a car, stop and park off the road, stay inside
- If dark, don't light a match or use the light switch — use a flashlight

After . . .

- Account for family members, check for injuries — give first aid
- Check for fires
- Check utilities — shut off if necessary
- Wear sturdy shoes
- Clean up hazardous materials
- Check on your pets
- Check for damage — watch out for things that may fall
- Stay away from dangerous areas like the beach, tall buildings, and power lines.
- Cooperate with public safety officials.

ESTA SU FAMILIA PREPARADA? REVISO DE SEGURIDAD

Antes . . .

- Provisiones de Emergencia
Agua potable
Linterna de mano
Radio/Baterías
Equipo de Auxilio
Comida enlatada
Medicina necesaria
Herramientas
- Saber donde y como apagar las llaves de gas, electricidad y agua
- Ponerse de acuerdo de un lugar donde reunirse con su familia
- Conocer el plan de desastre escolar
- Guardar materiales peligrosos

Durante . . .

- Comportarse con calma
- Si esta dentro de casa, quedese ahí, agachese, y pongase bajo de algo
- Si se encuentra fuera, quedese ahí y busque un sitio abierto
- Si esta en un auto, pare a un lado del camino y no salga
- Si esta oscuro no prenda cerillos o las luces electricas — mejor use una linterna de baterías

Despues . . .

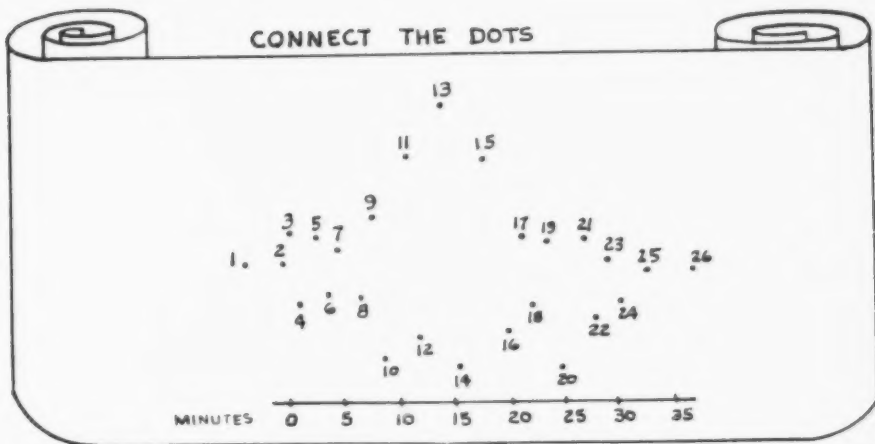
- Tome cuenta de su familia, busque heridos y preste los primeros auxilios
- Revise si hay fuegos
- Apague los servicios publicos (gas, electricidad, y agua)
- Pongase zapatos de suela gruesa
- Revise sus animalitos
- Revise danos a su casa — Cuidese de cosas que pueden caerse
- Retírese de areas peligrosas como la playa, edificios altos, y cables de electricidad
- Coopere con oficiales publicos de seguridad

This coloring book was made possible by the generous donations of many Kiwanians following the devastating Coalinga earthquake, May 2, 1983, which measured m/1 6.7. Contributing to its development were the employees of the Fresno County Health Department Community Service Project and Coalinga Elementary and Junior High School principals. The illustrations were created by Ms. Jean Dakessian.

The Coalinga Kiwanis Club extends its deepest appreciation to these friends

To order additional copies, contact:

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— ANSWERS —

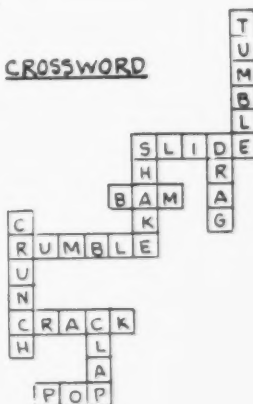
HIDDEN OBJECTS

- | | |
|---------------------------------|---------------------|
| 2 Radios | 4 Forks |
| 6 Batteries | 4 Spoons |
| 2 Flashlights | 1 pair scissors |
| 1 Fire Extinguisher | 1 First aid kit |
| 2 Screw drivers | Paper cups & plates |
| 2 Saws | 1 clock |
| 2 Pliers | |
| 6 H ₂ O (Water jugs) | |
| 1 Wrench | |
| 7 Blankets | |
| 2 can openers | |
| 1 pocket knife | |
| 1 calendar | |

FEELINGS

- WORRY
SCARED
ANGRY
CRY
SAD

CROSSWORD



Chapter 5

Special Programs for Children*

Mary Lystad, Ph.D.

"I'm glad that there wasn't no school when it started. I was dizzy. The earthquake made my house fall down."

"I was in my house eating. I screamed, then my sister fell and cried. The house was a mess. My father said, 'Get out of the house.' Then my mom screamed and screamed. Then my house broke. Inside the house, a mouse was on the floor. My mom cried. My dad said to get away from the gas. I could smell the gas."

"Our house fell down and my favorite doll got broken. My grandpa got hit in the head with a brick. My cousin cried because her dad got hit by a brick, too."

These statements by first-graders living in Coalinga, California, were made shortly after an earthquake, registering 6.7 on the Richter scale, fractured that town in 1983. The psychosocial responses of children to similar natural disasters, technological hazards, and war-related events have been of increasing concern to the mental health community in the past 10 years. Most of the National Institute of Mental Health-funded crisis counseling programs in Presidentially declared disasters of this decade have addressed children's needs with specific outreach programs. This article looks at the rationale for these programs, as well as some exemplary programs themselves.

Children's Reactions to Disasters

A manual by Cohen and Ahearn (1980) on mental health care of disaster victims provides key concepts for understanding disaster behaviors associated with loss, mourning, and grieving. Usually, these last two terms refer to the reactions produced by loss, especially the death of an important individual in a person's life. Although the discussion of loss focuses primarily on death, it may

*This chapter originally appeared in *Children Today* [14(1):13-17, 1985], a U.S. Department of Health and Human Services publication under the title "Innovative Mental Health Services for Child Disaster Victims." It may be reproduced without permission.

include separation from loved ones, household destruction, and impaired physical, social, or psychological functioning, all of which occur in a disaster.

A manual for child health workers in disaster by Farberow and Gordon (1981) also focuses on loss. Here the authors couch service delivery principles in terms of attachment theory, which, as developed by Bowlby (1980), integrates psychoanalytic concepts of child development with cognitive psychology, ethnology, and human information processing. The theory provides a means of conceptualizing the propensity of human beings to make strong affectional bonds to other human beings, and of explaining the many forms of emotional depression and sense of detachment to which unwilling separation and loss give rise.

A disaster may be looked upon as a sudden and unexpected situation that threatens both physical safety and the unity of the family. At such a time, separation anxiety is likely to be greatly heightened. As family members find each other or learn each other's whereabouts, they feel reassured. The more severe a disaster, the more serious is the chance of actual separation or loss. It is natural for children to be afraid of being alone or of sleeping alone in the dark for a period of time following a disaster. How they are helped through this period of stress is important to their recovery and to the resumption of their usual activities.

Farberow and Gordon (1981), together with other disaster services experts, have found that some common reactions to disaster appear among children and adolescents (see table 1). Such reactions may appear immediately after the disaster or after the passage of days or weeks.

Treatment Principles

Some basic principles of treating child disaster victims emerge from research and training literature. A first principle is that victims of disaster are primarily normal people, but severe stress may have temporarily disrupted their functioning. Cohen and Ahearn (1980) emphasize that most victims have been functioning adequately before the catastrophe, even though their ability to cope may have been impaired by the situation. Victims may show symptoms of physical or psychological stress, but they do not view their condition as pathological. Because catastrophes affect the entire cross-section of the population in an area of impact, disaster victims may come from any age group, socioeconomic class, or racial or ethnic group. Garmezy (1984) and others studying children's reactions to stress point out the adaptive potential of children for many kinds of social and environmental stressors. These researchers emphasize the resilience of children, stemming from their personal dispositions, family supports, and community networks, and show their considerable ability to meet and to deal with stress.

Table 1. Age-specific reactions of children to disasters

Preschoolers	Elementary school-age children	Preadolescents and adolescents
Crying	Headaches, other physical complaints	Headaches, other physical complaints
Thumbsucking	Depression	Depression
Loss of bowel/bladder control	Fears about weather, safety	Confusion
Fear of being left alone, of strangers	Confusion	Poor performance
Irritability	Inability to concentrate	Aggressive behaviors
Confusion	Poor performance	Withdrawal and isolation
Clinging	Fighting	
Immobility	Withdrawal from peers	

A second treatment principle is that the family is the first line of resource for helping children and should be considered before involving other treatment resources. When treatment is indicated, the basic unit for services when possible should be the entire family and not just the individual child. Benedek's review of the literature (1979) on children's reactions to disaster concludes that the presence of a stable and caring parent is a crucial form of support for a child traumatized by an environmental crisis. Benedek also suggests an effective role for the mental health professional in the treatment of child victims in a family context.

Raphael (1975), analyzing services following the Granville train disaster in Australia, states that psychological sequelae are managed by reassurance, comfort, and support aimed at facilitating the mourning process. The seriously injured and their families require much the same consideration as the acutely bereaved. Attention should be given to maintaining family and community ties; for children, reassurance, open discussion, and close family ties are particularly important.

A third principle of treatment is that workers in disaster should seek out users of their services rather than waiting to be sought out. Outreach teams can use disaster assistance centers, schools, Red Cross evacuation centers, and other community centers to

provide information on the availability of services for children and families. These teams can also go to homes, mobile centers, or other relocation areas. The media can be helpful in informing the public of available services.

In examining the responses of a community mental health center to a major school bus and train accident, Tuckman (1973) found that reaching out quickly to the victims and primary caregivers during a crisis can avert the development of posttraumatic symptoms. This form of active intervention can be contrasted with the conventional wait-and-see approach of traditional community mental health services. In his guidelines for school-based mental health intervention, Crabbs (1981) emphasizes the importance of encouraging the school-aged victim of disaster to participate in daily activities, involving teaching staff and other adults in providing emotional support and opportunities for communication, assisting the child in confronting the crisis and adjusting to loss, encouraging honest appraisal of the situation, and organizing schools to provide consultative services.

Intervention services, however, cannot replace prevention services. Ayalon (1979) advocates anticipatory intervention in schools and the community in order to enhance coping behavior in times of crisis and emergency, such as divorce, the loss of a parent by desertion or death, the long absence of a parent from the family, a threat to freedom or life via enemy attack, and a threat to the home from economic or natural disaster. He contends that children and teachers will benefit from certain modes of prevention service if they receive training and practice in administering them before a crisis, and he describes an Israeli program of this nature. Klingman (1978) also discusses the advantages of anticipatory intervention and suggests such direct measures as game simulations and specially designed classroom study units. Klingman also argues that counseling personnel have an important role both in implementing anticipatory interventions and in responding to the emotional needs of disaster victims.

Outreach Materials

Both public and private agencies working in emergency service areas have sponsored the development of intervention and prevention materials directed to children themselves and to their families and/or teachers. The materials briefly described here can be easily adapted to specific emergencies and require a minimum outlay.

Materials for Children

Intervention strategies for children are outlined in table 2. For young children, these include encouraging them to express their fears and anxieties regarding the disaster through stories, draw-

**Table 2. Age-specific interventions for children
in disasters**

Preschoolers	Elementary school- age children	Preadolescents and adolescents
Draw-a-picture	Draw-a-picture	Stories, essays
Tell-a-story	Tell-a-story	Books on disaster and loss
Coloring books on disaster	Books on disaster and loss	Create-a-play about a disaster
Books on disaster and loss	Create-a-game about a disaster	School project on natural sciences
Doll, toy play	Create-a-play about a disaster	School project on social sciences
Group games	School study projects	School health project
Talks about disaster safety and self- protection	Materials about disaster safety and self-, family protection	Materials about disaster safety and self-, family, community protection

ings, and the use of coloring books. At the most simple and general level, allowing children to tell their own stories of a disaster and to draw their own pictures of what happened to them and how they felt about it can be of considerable assistance in both diagnosis and therapy. As can be seen from the pictures shown here, drawn by elementary schoolchildren from Love Creek, California, following a 1982 mudslide that killed a number of their classmates, this mode of intervention requires only paper and pencil; crayons are optional.

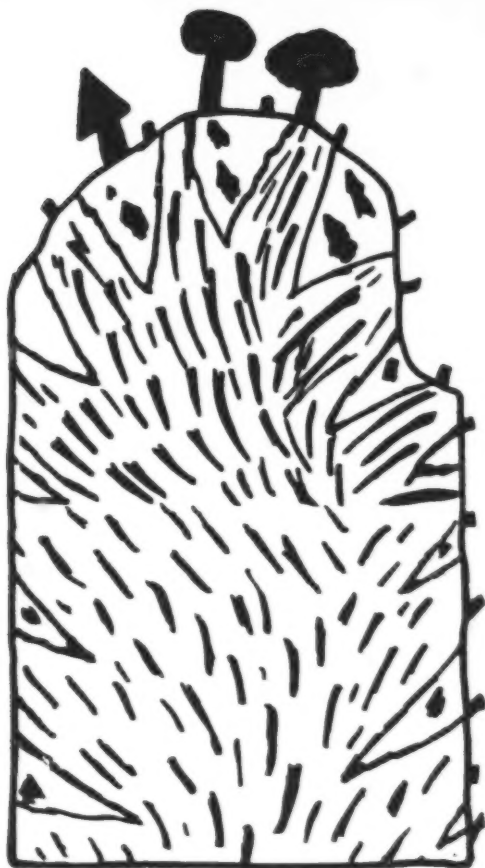
Farberow and Gordon's training manual (1981) makes use of a coloring book developed by the Eastern Nebraska Services Agency after a 1975 tornado. (Two of the pages are reproduced here.) In 1983, the Missouri Department of Mental Health's Project Resurgence developed a coloring book about dioxin for victims living in Times Beach and other nearby areas. Recently, the Fresno County Mental Health Department developed a coloring book for earthquake victims in Coalinga, and a local community organization paid to produce 10,000 copies, which were distributed near the time of the first-year anniversary of the event. These and similar coloring



Depiction of Love Creek mud slide with tree, at left, falling on the house.

books explain simply the nature of the disaster, acknowledge human reactions of fear and anxiety, and provide blank pages for a child to add his or her drawings or comments. The National Institute of Mental Health has copies of these and other such booklets on file (1975-84).

Books are also valuable resources. Local public libraries can put together lists of available books, by age group, about the environment and environmental hazards, separation and loss, and adaptation and coping. Likewise, dolls, puppets, and toys can be used in play to elicit children's concerns and conflicts and to help resolve them. Group games in which touching of persons is an important component can encourage mutual support among children and between children and their caretakers.

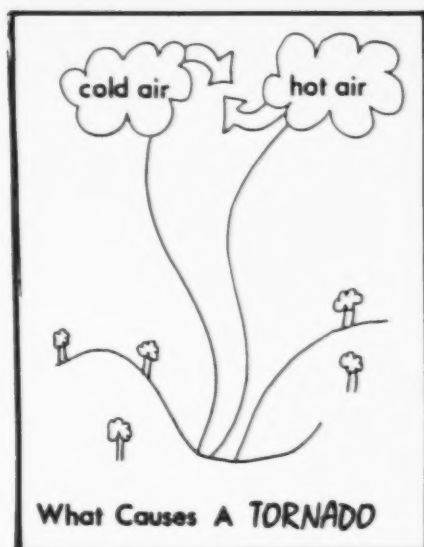
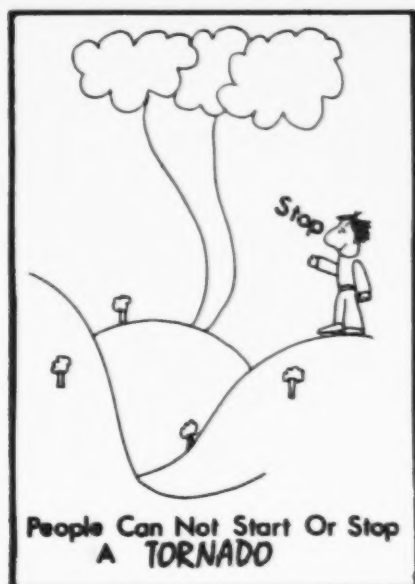


"These are trees that have broken in the storm and are sliding down the hill. We used to live at the top and we can't live there anymore. It's dangerous. I worry." (Love Creek mud slide.)

Elementary-school-aged children should also be given opportunities to tell stories and draw pictures concerning their feelings about the disaster and its meaning to them. In addition, children in this age group can be encouraged to make up their own games and plays about disaster. School study projects, in conjunction with basic English, math, and civics courses, can be instructive and reassuring.

For preadolescents and adolescents, sophisticated projects about various aspects of a disaster can be incorporated in class study of physics, chemistry, geography, history, psychology, and sociology. Many literary classics deal centrally with the traumatic effects of disaster on individual and family lives.

Finally, appropriate materials on safety for each age group are of assistance in helping children help themselves, their family, and



Two pages from the Eastern Nebraska Human Services Agency's *A Coloring Book About The Awful Rain and How It Made Me Feel*.

their neighbors reduce the deleterious health and mental health effects of disaster.

Prevention materials, like the earthquake coloring book mentioned earlier, have been developed for use on the first-year anniversary of a disaster, when the memory reawakens old stresses and concerns. For example, 1 year after the devastating tornado of 1979, Interfaith Disaster Services in Wichita Falls, Texas, produced and distributed more than 15,000 copies of a one-page informational handout for schoolchildren that combined safety rules with suggestions for reducing panic, anxiety, and guilt.

Materials for Families

The Church of the Brethren Disaster Relief Program has published a pamphlet by Dondt (1981) entitled *Helping Your Child Cope With Disaster*. Starting with the premise that family routines are disrupted and extra demands must be dealt with at such a time, it lists a number of common responses of children to disaster, together with some suggestions for parents to help children cope with their feelings—providing simple, accurate information to questions, reassuring their children that they are there to help, and talking with children about the parents' own feelings.

In the area of prevention, the American Red Cross distributes a pamphlet for parents, *Family Disaster Plan and Personal Survival Guide* (1981), which discusses training family members in home safety measures, stocking of emergency supplies, and selecting what to take if one has to evacuate the home.

Following the floods of 1982, the San Mateo County Mental Health Department developed an outreach service, called Personal Emergency Preparedness (PEP), directed at current disaster stress and at future planning. Among its pamphlets is *Worried About the Rain?*, which discusses family planning, neighborhood networking, and disaster plans for social organizations.

Materials for Schools

At the time of the 1982 California floods, the Santa Cruz County Mental Health Crisis Intervention Project and the Marin County Community Mental Health Services cooperated in developing a pamphlet for teachers. *Taking Care of Yourself and Each Other* discusses reactions of children to disaster by age group (preschool, early childhood, preadolescent, and adolescent). It also describes classroom activities to assist children and adolescents in expressing their concerns and feelings about the disaster experience and discusses when and where to turn for professional mental health care for children who remain upset over some period of time. In addition, the pamphlet addresses the needs of the teachers themselves, who are also victims.

Conclusion

Careful evaluation of the intervention and prevention programs for children that have been used in different types of emergencies is needed, as is research on a variety of service and service delivery modes. Recent conferences and workshops focusing on children's responses to disaster (such as the 1983 American Academy of Child Psychiatry workshop on The Study of Children and their Families Exposed to Disaster and the 1984 Natural Hazards Research and Applications workshop session on Child Mental Health) have involved both researchers and service workers and bode well for the development of a knowledge base for future service programs. Such knowledge development is essential to strengthen emergency planning on national and local levels.

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Appendix A

**Annotated List of Mental Health
Reference Materials for Disaster Workers
and Adult Victims**

Ahearn, Fred, and Cohen, Raquel. *Annotated Bibliography on Mental Health Research in Disasters*. National Institute of Mental Health. Washington, DC: U.S. Government Printing Office, 1984.

This bibliography represents the first comprehensive scholarly bibliography relating the trauma of disaster to victim mental health. Materials are organized by the following topics: theories of disaster and disaster behavior, physical and mental health effects of disaster, coping and recovery, social and organizational response to disaster, mental health services for disaster victims, and prevention programs.

Bromet, Evelyn, and Dunn, Leslie. Mental health of mothers nine months after the Three Mile Island accident. *The Urban and Social Change Review* 14(2):12-15, 1981.

The incident at Three Mile Island (TMI) nuclear reactor began on March 28, 1979, and was considered potentially life-threatening. This study on the mental health of mothers living near TMI focuses on the relationship between social support systems and symptoms of anxiety and depression. A sample 328 mothers were interviewed 9 months after the accident; the results were compared with reactions of 133 mothers living near a less problematic nuclear facility.

Cohen, Raquel, and Ahearn, Frederick. *Handbook for Mental Health Care of Disaster Victims*. Baltimore, MD: The Johns Hopkins Press, 1980.

Developed as a guide for disaster workers, this book covers three major themes: disaster behavior, disaster planning, and postdisaster psychological intervention. Concepts of stress and crisis; loss, mourning, and grieving; social and emotional resources; and coping and adaptation are discussed.

Erikson, Kai. Loss of communality at Buffalo Creek. *American Journal of Psychiatry* 133(3):302-305, 1976.

The 1972 Buffalo Creek slag flood killed 125 persons and per-

manently disrupted the lives of the 4,000 survivors. They suffered not only individual but also collective trauma—damage to the fabric of community. Effects were delayed until the rebuilding phase. After the destruction of the social network and hasty resettlement, victims perceived new neighbors as less moral than themselves and felt isolated from the community.

Farberow, Norman. *Training Manual for Human Service Workers in Major Disasters*. National Institute of Mental Health. Washington, DC: U.S. Government Printing Office, 1983.

This manual is designed to train mental health and crisis workers in handling the emotional needs of natural disaster victims. The basic principles of crisis intervention and supportive treatment found to be most effective in postdisaster work, including outreach procedures and "curbstone" therapy, are discussed. Pretraining and training processes are described, as well as the burnout syndrome and options for managing this problem.

Farberow, Norman, and Gordon, Norma. *Manual for Child Health Workers in Major Disasters*. National Institute of Mental Health. Washington, DC: U.S. Government Printing Office, 1981.

Children are a vulnerable group with special needs after a disaster. Since a highly trained staff is not always available in a disaster situation, this manual is meant to serve as a guide to the establishment of services to meet emotional problems that result when a major disaster disrupts the child's functioning. The framework for intervention procedures with children during and after disasters is described.

Fraser, James, and Spicka, Douglas. Handling the emotional response to disaster: The case for American Red Cross/community mental health collaboration. *Community Mental Health Journal* 17(4):255-264, 1981.

The theory, rationale, and a working model for integrating community resources during times of disaster is the theme of this analysis. A collaborative approach, based upon the Dayton, Ohio, area model, is presented as a means for meeting the emotional needs of disaster victims by linking the efforts of the American Red Cross and four community mental health centers. This approach makes use of various resources, provides skill and knowledge lacking in the individual agency, and provides a preventive factor.

Gist, Richard, and Stolz, Stephanie. Mental health promotion and the media: Community response to the Kansas City hotel disaster. *American Psychologist* 37(10):1136-1139, 1982.

On July 17, 1981, a hotel disaster in Kansas City, Missouri, killed 111 persons and injured more than 200 others. Discussed

is a threefold community-wide response, involving mental health centers and other agencies, which was immediately shaped to address the mental health needs of victims, survivors, rescuers, and the entire community.

Gleser, Goldine; Green, Bonnie; and Winget, Carolyn. *Prolonged Psychosocial Effects of Disaster: A Study of Buffalo Creek*. New York: Academic Press, 1981.

Many Buffalo Creek flood survivors still bear the grim emotional and psychological reminders associated with the disaster. In a survey conducted by the University of Cincinnati, three-fourths of the respondents still experience nightmares associated with the disaster 2 years after its occurrence. Similarly, local mental health professionals in the area report a higher incidence in severe anxiety, depression, belligerence, and alcohol abuse associated with the disaster.

Lindy, Jacob; Grace, Mary; and Green, Bonnie. Survivors: Outreach to a reluctant population. *American Journal of Orthopsychiatry* 51(3):468-478, 1981.

This article discusses the development of an outreach program by mental health professionals following the fire at the Beverly Hills Supper Club, Southgate, Kentucky (1977), which killed 165 persons and totally destroyed the club. The purpose of the outreach program was to identify survivors at risk for long-term impairment and to offer preventive services. Four methods of outreach were used: media, community case finding, special groups, and direct phone contact.

Lindy, Jacob, and Lindy, Joanne. Planning and delivery of mental health services in disaster: The Cincinnati experience. *The Urban and Social Change Review* 14(2):16-21, 1981.

A mental health preparedness plan for the Greater Cincinnati area was developed based on the concepts of knowledge, sanction, information processing, needs assessment, and action. Elements of the plan were: (1) the department disaster coordinator, (2) disaster assessment team, (3) roster of available clinicians, (4) central communication point, and (5) an activation procedure. The plan was tested following the Beverly Hills Supper Club fire and the calamity at the Cincinnati Riverfront Coliseum Concert (1979).

Parad, Howard; Resnik, H.L.P.; and Parad, Libbie, eds. *Emergency and Disaster Management: A Mental Health Sourcebook*. Bowie, MD: Charles Press, 1976.

This book consists of a series of articles on mental health interventions in a variety of natural and technological disasters. Community resources for such interventions are explored and include natural family and community networks, schools, men-

tal health and social service systems, and business groups working with social service agencies. Ways of mobilizing rapid community response to disaster, and ways of outreach at the time of disaster and in the months afterwards, are discussed; exemplary programs are described in detail.

Sank, Lawrence. Primary prevention and treatment in a health maintenance organization. *American Psychologist* 34(4):334-338, 1979.

In March 1977, members of the Hanafi Muslim sect seized and held hostages at three sites in Washington, DC. The greatest number, more than 100 persons, were held in the B'Nai B'Rith national headquarters for 39 hours. Many of these hostages suffered emotional aftereffects from this ordeal. The mental health staff of a Washington area health maintenance organization, to which many of the B'Nai B'Rith hostages belonged, made its services available to all these men and women, regardless of their health insurance coverage. Treatment interventions followed a primary prevention model using a broad-spectrum behavioral group approach.

Tierney, Kathleen, and Baisden, Barbara. *Crisis Intervention Programs for Disaster Victims in Smaller Communities*. National Institute of Mental Health. Washington, DC: U.S. Government Printing Office, 1979.

The disaster-related mental health needs of residents of small communities geographically removed from large urban centers is the focus of this report. The psychological effects of the Buffalo Creek, West Virginia, flood (1972) and the Xenia, Ohio, tornado (1974) are contrasted. Six small communities having experienced natural disasters were matched with six similar nondisaster communities. The findings set forth guidelines for the planning and operations of disaster-related emergency health programs at the community level.

Zarle, Thomas; Hartsough, Don; and Ottinger, Donald. Tornado recovery: The development of a professional-paraprofessional response to a disaster. *Journal of Community Psychology* 2:311-320, 1974.

This paper discusses emergency services and recovery operations in the small Indiana community city of Monticello, which was hit by a series of tornados in 1974. Recovery efforts evolved into three distinct phases that were relative to the disaster community's evident and prevailing needs. Initially, it was necessary to devote time to developing the program and to training paraprofessional workers. During the first months of recovery, the disaster victims' needs were most immediate, and it seemed most appropriate to use a response that focused on the acute effects of the disaster. By the third phase of the

project, the needs of both the victims and other members of the community were more related to the long process of rebuilding. In this respect, the focus of the program shifted from a referral-based crisis intervention response to a coordinated outreach program grounded in both social systems theory and crisis intervention.

Appendix B

Annotated List of Books for Child Disaster Victims, by Age Group

Since our country's founding, books have been used extensively in teaching children proper social behavior as well as academic skills. In more recent years, they have been looked to for what they could teach about social issues and human problems: issues of human dignity, of fairness and equity, as well as methods of adaptation and coping.

Following is an annotated list of books available in many public libraries that can be of assistance to parents, teachers, and caretakers of child victims of natural and technological disasters. The books are suitable for preschool and elementary-school-age children. They are grouped in terms of subject matter (books about the environment and environmental hazards, books about separation and loss, books about adaptation and coping) and in terms of age (children up to 8 years and over 8 years).

The books in this particular listing are not seen as psychic cures to heal psychic wounds. Rather, they are presented as possible sources of comfort for some children, who will glean from a book identification, understanding, and support when they meet with a major, unexplained crisis in the environment, are faced with separation from loved ones and familiar routines, and when they have little experience in adjusting to sudden change.

Books About the Environment and Environmental Hazards

The physical environment changes. It can be beautiful and pleasurable one day and menacing and painful another. These books observe the changes; some of them explain causes and progressions of the change. Such information can be useful for both self-protection in and enjoyment of the environment.

For Young Children, to 8 Years

Anderson, Lonzo. *The Day the Hurricane Happened*. Illustrated by Ann Grifalconi. New York: Charles Scribner's Sons, 1974.

Set in the Virgin Islands, this story shows a family preparing for

a hurricane, going through a difficult disaster experience, and rebuilding after the disaster is over.

Anderson, Lonzo. *Ponies of Mykillenge*. New York: Charles Scribner's Sons, 1966.

A story about an earthquake in Iceland and the heroic efforts of children caught in the middle of it.

Buck, Pearl. *The Big Wave*. New York: John Day Company, 1947.

A tale of adventure that is of value in its explanations of the mysteries of life and death.

Brockel, Ray. *A New True Book: Fire Fighters*. Chicago: Children's Press, 1981.

Dramatic photographs and clear text made this book an engaging, nonthreatening presentation of firepersons and their work.

De Jong, Meindert. *A Horse Came Running*. New York: Harper and Row, 1955.

A story about a boy and his family when their town is hit by a tornado.

de Paola, Tomie. *The Cloud Book*. New York: Holiday House, 1975.

Here is a glorious picture book, with a simple but informative text discussing the 10 most common clouds.

Francoise. *The Big Rain*. New York: Charles Scribner's Sons, 1961.

Based on an actual flood in the author's village, the book tells how it once rained and rained, until the river flowed over the land and came into the homes of townspeople. Children were frightened, but when the rain stopped, they helped the elderly and the sick to clean mud from their houses and to dry their tables and chairs.

Gramatky, Hardie. *Little Toot on the Mississippi*. New York: G.P. Putman's Sons, 1973.

This story describes a flood on the Mississippi River and a small tugboat as it struggles with and survives the raging waters. Little Toot is resourceful and frightened, portraying normal reactions to scary events.

Hutchins, Pat. *Changes, Changes*. New York: Macmillan Publishing Company, 1971.

This wordless picture book engages in make-believe play, focusing on a fire truck hurrying to put out a fire and on the rebuilding of the fallen structure.

Kraus, Ruth. *The Growing Story*. Illustrated by Phyllis Rowand. New York: Harper and Row, 1947.

An appealing story evolves about how animals, flowers, children grow, each in their particular ways.

McCloskey, Robert. *Time of Wonder*. New York: The Viking Press, 1957.

Children learn about nature on their island home off the coast of Maine. They see the seasons as they change, and they witness a big storm as it runs its course.

Podendorf, Illa. *A New True Book: Seasons*. Chicago: Children's Press, 1981.

Colored photographs show the varying seasons and the ways in which animals and humans adapt to them in terms of clothing, food, and shelter.

Tresselt, Alvin. *White Snow, Bright Snow*. Illustrated by Roger Duvoisin. New York: Lothrop, Lee, and Shepard, 1947.

The wonder and delight of winter and the passing of winter to spring are celebrated.

Tresselt, Alvin. *Hide and Seek Fog*. Illustrated by Roger Duvoisin. New York: Lothrop, Lee and Shepard, 1965.

For the very young, here is an introduction to a mysterious and fascinating phenomena—fog—as it came and stayed for 3 days in a seaside village on Cape Cod.

Udry, Janice May. *Mary Jo's Grandmother*. Illustrated by Eleanor Mill. Chicago: Albert Whitman, 1972.

When her grandmother suffers a serious fall during a storm, Mary Jo finds her way through a deep snow to obtain the necessary help.

Zolotow, Charlotte. *The Storm Book*. Illustrated by Margaret Graham. New York: Harper and Row, 1952.

This book describes a summer storm as it gathers over the countryside, the city, and the seashore. Finally, the rainbow appears to signify that the storm has passed.

For Children 8 Years and Older

Branley, Franklyn. *Flash, Crash, Rumble, and Roll*. Illustrated by Ed Emberley. New York: Thomas Y. Crowell, 1964.

This book provides factual explanations for the many sounds of a storm.

Haines, Gail. *Fire*. Illustrated by Jacqueline Chwast. New York: William Morrow and Company, 1975.

Fire can be a friend or an enemy. Here is a factual picture book that explains how fire works, so that the reader can discriminate between what is safe and what is dangerous in its handling.

Jeffries, Roderic. *Trapped*. New York: Harper and Row, 1972.

This is a story of preteenage children caught in a blizzard and of the courageous police who rescue them.

Kaufman, John. *Winds and Weather*. New York: William Morrow and Company, 1971.

This informative book investigates the relationship between weather patterns and the flow of wind and shows the reader how he can predict the weather to come.

Nixon, Hershell, and Nixon, Joan. *Earthquakes: Nature in Motion*. New York: Dodd, Mead and Company, 1981.

In easy-to-understand text, with black-and-white photographs, the authors tell what an earthquake is, theories about causation, and how they are measured on the Richter Scale.

Sevrey, O. Irene. *The First Book of the Earth*. Pictures by Mildred Waltrip. New York: Franklin Watts, 1958.

The author addresses many questions about the planet we live on: how the earth began, when it began, where the earth's atmosphere came from, why a volcano erupts, what makes a geyser, how we learned the story of the ancient earth. The facts are simply told but enlivened with anecdotes of some of the men who pioneered in our knowledge of them.

Southall, Ivan. *Hills End*. New York: St. Martin's Press, 1963.

Set in a remote logging town of Hills End in Australia, the tale is of schoolchildren who are exploring nearby caves, when without warning a sudden violent storm breaks. When the storm is over, the children find themselves cut off from all adult help; they must work out survival on their own until help finally comes.

Southall, Ivan. *Ash Road*. Illustrated by Glen Seale. New York: St. Martin's Press, 1965.

Set in the Australian foothills, this is a powerful story of a handful of children caught up in a brush fire.

Southall, Ivan. *To the Wild Sky*. New York: St. Martin's Press, 1967.

Six children are caught in a plane wreck and cast onto a desert island off the coast of Australia. What happens to each as they are confronted by crisis and disaster is the basis for this gripping novel.

Books About Separation and Loss

Separation and loss of loved ones are major stressors to disaster victims. Separation and loss occur in life in a variety of ways; these books focus on separation from a change in environment,

with going to a new school or a new neighborhood, and from a change in primary care providers with the occurrence of divorce or death.

For Young Children, to 8 Years

Alexander, Martha. *Sabrina*. New York: The Dial Press, 1971.

Sabrina is excited about going to school but is embarrassed about her unusual name. She opts for a simpler name but, when all her classmates want hers, decides to keep it after all.

Amoss, Berthe. *The Very Worst Thing*. New York: Parents' Magazine Press, 1972.

Tom is uncomfortable in his new school. He feels out of place and left out. But before the day is over, he has some things in common with some of his classmates.

Bouchard, Lois. *The Boy Who Wouldn't Talk*. Illustrated by Ann Grifalconi. Garden City, NY: Doubleday, 1969.

Carlos dislikes moving from Puerto Rico to New York and refuses to speak in either Spanish or English. He remains mute until a peer comes to him for help; then Carlos immediately responds and reassures his new friend.

Brandenberg, Franz. *Nice New Neighbors*. Illustrated by Aliki. New York: Greenwillow Books, 1977.

The Fieldmouse family moves into its new house, and it is now time for the children to make new friends. But this isn't as easy as it should be. Eventually they have almost more friends than they can easily handle.

Brown, Margaret Wise. *The Dead Bird*. Illustrated by Remy Charlip. Reading, MA: Addison-Wesley, 1958.

Children find a dead bird in the park, bury it, and give it a respectful funeral. For a while they return to the site daily to pay it homage. And then they go back to their daily ways; other matters overtake the grieving process.

Clifton, Lucille. *Some of the Days of Everett Anderson*. Illustrated by Evaline Ness. New York: Holt, Rinehart and Winston, 1970.

Loss of a father, through marital separation, is addressed in this book. Everett Anderson speaks of his father's absence as a black empty space. Mother, too, is missing some of the time, for she works full time out of the home.

Clifton, Lucille. *Good, Says Jerome*. Illustrated by Stephanie Douglass. New York: Dutton, 1973.

Jerome is worried about moving and other matters and is reassured by his older sister, Janice Marie, who gives him hope of acceptance and friendship in a new environment.

Cohen, Miriam. *Will I Have a Friend?* Illustrated by Lillian Hoban. New York: The Macmillan Publishing Company, 1967.

As Jim goes off to the first day of school, he worries about having a friend. And he does find one.

de Paola, Tomie. *Nana Upstairs and Nana Downstairs*. New York: G.P. Putman's Sons, 1973.

This is a story of the love of a young boy for his grandmother and his great-grandmother. When his great-grandmother dies, she is able to live on in Tommy's memories of times shared.

Fassler, Joan. *My Grandpa Died Today*. Illustrated by Steward Kranz. New York: Human Sciences Press, 1971.

David's terminally ill grandfather explains to him that one need not fear death if one does not fear life. David grieves after his grandfather's death but is then able to reconcile himself to the death.

Hegwood, Mamie. *My Friend Fish*. Illustrated by Diane de Groat. New York: Holt, Rinehart and Winston, 1975.

A boy's first meeting with death occurs when a pet fish dies overnight. The boy takes his father's suggestion and returns the fish to his natural home: the lake.

Hughes, Shirley. *Moving Molly*. Englewood Cliffs, NJ: Prentice-Hall, 1979.

When Molly's family moves from a basement apartment in the city to a house in the country, Molly is lonely and doesn't feel quite right. Gradually, with the help of two new friends, Molly begins to enjoy her new home.

Kantrowitz, Mildred. *When Violet Died*. Illustrated by Emily McCully. New York: Parents' Magazine Press, 1973.

Amy and Eva's bird, Violet, is ill and then dies. A funeral follows. Sadness, though, is replaced in time by excitement when their cat Blanche is going to have kittens.

Lexau, Joan. *Emily and the Klunky Baby and the Next-Door Dog*. Illustrated by Martha Alexander. New York: The Dial Press, 1972.

Emily is hurt because her father has left the household and her mother is too busy to pay attention to her. She decides to run away to her father's house and gets lost. It is then that her mother realizes Emily's need for more caring.

Lundgren, Max. *Matt's Grandfather*. Illustrated by Fibben Hard. Translated from the Swedish by Ann Pyk. New York: G.P. Putnam's Sons, 1972.

Matt visits his 85-year-old grandfather in his old age home, and while there he learns a little about what being old is like and what a witty, kind guy his grandfather is.

Lystad, Mary. *That New Boy*. Illustrated by Emily McCully. New York: Crown Publishers, 1973.

The difficulty in making new friends is seen in this book from the point of view of the old boy in the block who has trouble with approaching his new neighbor, who cannot deal with reaching out to a new person—for awhile.

Martin, Patricia Miles. *Be Brave, Charlie*. Illustrated by Bonnie Johnson. New York: G.P. Putnam's Sons, 1972.

Charlie goes to Navajo boarding school. He misses the freedom of his desert home and has trouble adjusting to new customs. Later, he discovers that he can train for a job that will permit him to earn a living while roaming the desert: he can become a book mobile driver.

Miles, Miska. *Annie and the Old One*. Illustrated by Peter Parnall. Boston: Little, Brown, 1971.

Annie is a young Navajo girl who has a warm, close relationship with her elderly grandmother. Her grandmother talks of death, and Annie resists the idea. Gently, her grandmother helps her to understand about passage of time.

Mother Goose. *Cock Robin*. Illustrated by Barbara Cooney. New York: Charles Scribner's Sons, 1965.

Cock Robin is accidentally killed. He receives a proper funeral and burial with various animal friends taking part.

Ness, Evaline. *Sam, Bangs and Moonshine*. New York: Holt, Rinehart and Winston, 1966.

Sam, a fisherman's daughter, dreams lovely dreams in which her deceased mother is a mermaid and she herself owns a baby kangaroo. It is only when her best friend Thomas nearly dies in a storm trying to find the kangaroo that Sam realizes the importance of reality as well as dreams.

Schulman, Janet. *The Big Hello*. Illustrated by Lillian Hoban. New York: Greenwillow Books, 1976.

This is an easy-to-read book concerned with a cross-country move. The chapters tell the story of a young girl's reliance upon a beloved doll, Sara, for support. When Sara is lost in the new home, the loss results in a new friend.

Sharmat, Marjorie. *I Want Mama*. Illustrated by Emily McCully. New York: Harper and Row, 1974.

Focused upon is a young child's feelings while her mother is in the hospital. The child tells herself that maybe, if she promises to tell the whole truth for the rest of her life, her mother will return.

Viorst, Judith. *The Tenth Good Thing about Barney*. Illustrated by Erik Blegvad. New York: Atheneum, 1971.

The cat, Barney, dies, and his owner is too sad to watch TV. His mother suggests he think of 10 good things about Barney to recite at the funeral. The 10th thing mentioned is that Barney is now a part of the ground and able to help nurture and allow other things to grow.

Yashima, Taro. *Crow Boy*. New York: The Viking Press, 1955.

Chibi is a shy, small boy from an isolated rural area in Japan. He is also isolated psychologically from his classmates. It is only in the sixth grade that a sensitive teacher brings him slowly, compassionately into the group so that he is able to take an honored role in class activities.

Zolotow, Charlotte. *Janey*. Illustrated by Ronald Himler. New York: Harper and Row, 1973.

A young girl addresses a monologue to Janey, who has moved, and expresses her feeling of emptiness. The book concentrates on the beauty of a human relationship, recognizing that it is legitimate to cherish human bonds even after persons are separated in space.

Zolotow, Charlotte. *My Grandson Lew*. Illustrated by William Pene Du Bois. New York: Harper and Row, 1974.

Lew and his mother are finally able to talk about their grandfather/father's death and to recall the joyous things about his relationship with each of them in life.

For Children 8 Years and Older

Armstrong, William. *Sounder*. Illustrated by James Barkley. New York: Harper and Row, 1969.

A sharecropper's son experiences the death of his father and his dog. But there are sweet and good memories of family devotion and spirit to keep him going.

Byars, Betsy. *After the Goat Man*. Illustrated by Ronald Himler. New York: The Viking Press, 1974.

Figgy's parents are dead, and he lives with his eccentric grandfather who retreats from social discourse. In time, the

community rallies around Figgy and his grandfather, giving them the support they need for human relationships to continue.

Byars, Betsy. *The Summer of the Swans*. Illustrated by Ted Colonis. New York: The Viking Press, 1970.

This story is about a young retarded boy who gets lost in the woods. Descriptions of Charlie's feelings while lost, and of the concern of family and friends, are very real.

Caudill, Rebecca. *Did You Carry the Flag Today, Charley?* Illustrated by Nancy Grossman. New York: Holt, Rinehart and Winston, 1966.

A book full of the concerns and rewards of mastering a new environment: school.

Day, Veronica. *Landslide*. Illustrated by Margot Tormes. New York: Coward-McCann, 1963.

Five French children on a Christmas vacation in the mountains become trapped inside a lonely cottage by a landslide. While they are asleep, earth covers the roof and windows of the house, cutting them off from the outside world. Twelve precious days of their Christmas vacation are gone before the children invent a way of setting out signals for help and are finally rescued.

Fox, Paula. *Maurice's Room*. Illustrated by Ingrid Fetz. New York: Macmillan, 1966.

For Maurice, a move from city to country means two things: fear of losing his best friend and of the opportunity to continue his hobby of junk collecting. Both fears prove unfounded—his friend visits, and there are good opportunities for junk collecting.

Fox, Paula. *The Slave Dancer*. Illustrated by Eros Keith. Scarsdale, NY: Bradbury Press, 1973.

A 13-year-old boy, a fife player on the New Orleans docks in 1840, is kidnapped and made into a slave dancer/musician on a ship that picks up slaves and brings them back to the United States. Before his trauma is over, he has witnessed starvation, inhuman cruelty, and murder.

Hoff, Syd. *Irving and Me*. New York: Harper and Row, 1967.

In this book, a 13-year-old boy moves to Florida, leaving friends and dog behind. He struggles for acceptance and popularity and eventually comes to grips with adjusting to a new situation.

Konigsburg, E.L. *Jennifer, Hecate, MacBeth, William McKinley and Me, Elizabeth*. New York: Atheneum, 1968.

Another story about a move to a new area and a desire to make friends. With reaching out, friendship comes.

Lifton, Betty Jean. *Return to Hiroshima*. Photographs by Eikoh Hosoe. New York: Atheneum, 1970.

A gentle statement about what happened and what it is and will continue to be for the survivors of Hiroshima.

Lifton, Betty Jean. *Children of Vietnam*. Photographs by Thomas Fox. New York: Atheneum, 1974.

Depicted are the lives of Vietnamese children: malnourished orphans, children of mixed parentages, deserted and homeless children, showing how generations of war have torn the fabric of Vietnamese life.

Sachs, Marilyn. *Amy and Laura*. Illustrated by Tracy Sugarman. Garden City, NY: Doubleday and Company, 1966.

This story is of the return of a mother to the family after a year's hospitalization following an auto crash. The family learns that it is best not to pretend that everything is pleasant, that loss is easier to bear when shared.

Sachs, Marilyn. *Dorrie's Book*. Illustrated by Anne Sachs. Garden City, NY: Doubleday, 1975.

For 11 years, Dorrie has been the only child and the focus of family attention. Now her mother is pregnant with triplets, and two other deserted children come into the family. Loss of attention as well as special status in the family is shown realistically in the eyes of a preadolescent.

Sherburne, Zoe. *Stranger in the House*. New York: William Morrow and Company, 1963.

After 8 years in a mental institution, Kathleen's mother returns home. A lot has changed in the 8 years, and her mother is in effect a stranger to the home. Slowly, Kathleen recognizes and accepts her mother as a participating member of the family.

Slote, Alfred. *Hang Tough, Paul Mather*. Philadelphia: Lippincott, 1973.

A story of a 12-year-old dying of leukemia. His fear, despair, anger, and optimism openly display the loss surrounding death.

Stevens, Carla. *Anna, Grandpa, and the Big Storm*. Pictures by Margot Tomes. New York: Clarion Books, 1982.

A story of the great blizzard of 1888, in which a young girl and her determined grandfather are trapped in a car on the Third Avenue elevated train as the snowstorm worsens. They finally get home safely, through a lot of courage and hard work.

Books About Adaptation and Coping

Adaptation to and coping with stressors of life are part of normal day-to-day living. These are the behaviors by which the individual prevents, alters, avoids, or manages normal tension. Books about normal changes in life, about ordinary daily hassles and stressors, and the handling of anger and disappointment, fears and fantasies surrounding them, are listed here.

For Young Children, to 8 Years

Brown, Margaret Wise. *The Runaway Bunny*. Illustrated by Clement Hurd. New York: Harper and Row, 1942.

A small bunny and his mother engage in an imaginary game with the bunny running farther and farther away, to more and more exotic places. His mother always follows. His mother is always there, in case she is needed.

Brown, Margaret Wise. *Goodnight Moon*. Illustrated by Clement Hurd. New York: Harper and Row, 1947.

A quiet transition from day to night takes place as a bunny looks around his bed and whispers "Goodnight" to familiar items—the moon outside his window, the clock and kittens and socks and mittens inside his warm room.

Brown, Myra. *Benjy's Blanket*. Illustrated by Dorothy Marino. New York: Franklin Watts, 1962.

Benjy's old worn companion has been a constant daytime and nighttime companion. But as he no longer needs it, he begins to forget it, leaving it wherever he goes. In time, he gives it to a newborn kitten who, he feels, could use it well.

Ets, Marie Hall. *Play with Me*. New York: The Viking Press, 1955.

Not only are little people timid in front of other human beings, so are little animals. This gentle tale of how a young girl goes for a walk in the meadow and learns first to respect, then to win the interest of, a baby fawn, a chipmunk, and a rabbit reminds us all of the need for respect.

Hoban, Russell. *Goodnight*. Pictures by Lillian Hoban. New York: W.W. Norton and Company, 1966.

A little girl has all kinds of fantasies and fears at bedtime, about witches and monsters and ghosts. With the help of her purring cat, she is able to put them in the perspective needed for relaxed and comfortable sleep.

Kraus, Robert. *Goodnight, Richard Rabbit*. Illustrated by N.M. Bodecker. New York: E.P. Dutton, 1972.

A small rabbit calls his mother again and again at bedtime for reassurance. Talking over his nighttime worries of giants and elephants enables them to dissipate and Richard Rabbit to go to sleep.

Krauss, Ruth. *The Bundle Book*. New York: Harper and Row, 1951.

A wise mother engages in a guessing game with her own little girl. What is the mysterious bundle on mother's bed? None other than her own little girl. Abandonment has not taken place.

Mayer, Mercer. *There's a Nightmare in My Closet*. New York: The Dial Press, 1968.

More nighttime fears are brought forward, with a reassuring ending that nothing bad will happen in the dark.

Dr. Seuss. *Sleep Book*. New York: Random House, 1962.

How best to go to sleep? Well, Dr. Seuss tells how the Biffer-Baum Birds, the Herk-Heiman Sisters, the Hinkle-Horn Honkers, the Hoop-Soup-Snoop Group, and others do it.

Dr. Seuss. *Come Over to My House*. New York: Random House, 1964.

In this book, children of a number of ethnic and racial groups interact, exploring each other's homes in a spirit of love and friendship. Children live in many kinds of houses in this book: brick, straw, paper, clay, wood, and ice-block, depending on natural resources.

Dr. Seuss. *The Lorax*. New York: Random House, 1971.

Some disasters are prevented through proper care of the environment. Dr. Seuss' story of the greedy Lorax, who destroys Truffula trees for his own monetary gain, is a case in point. Luckily, someone who cares comes along and plants and nurtures the last Truffula seed. A funny story and a good tale about coping and adaptation.

Dr. Seuss. *The Butter Battle Book*. New York: Random House, 1984.

This book is about two groups of animals who live on either side of a stone wall and who fear the threat to their safety that each poses for the other. Neither group trusts the other because of its odd ways: On one side of the wall are the Yooks, who eat their bread with butter side up; on the other side are the Zooks, who eat their bread with butter side down. How they resolve differences is the subject of this tale.

Steig, William. *Farmer Palmer's Wagon Ride*. New York: Farrar, Straus and Giroux, 1974.

This book concerns Farmer Palmer's strenuous ride to market and back in the wagon pulled by the ass, Ebenezer. The ride to market is uneventful, but the ride home involves thunder and rain, a broken wagon, and Ebenezer's sprained back.

Udry, Janice. *A Tree is Nice*. Pictures by Marc Simont. New York: Harper and Row, 1956.

A tree is nice because it has leaves that whisper in the breeze during the summer, that come down in the fall so children can walk and roll in them. The seasons change and people adapt to them.

Udry, Janice. *Let's Be Enemies*. Illustrated by Maurice Sendak. New York: Harper and Row, 1961.

Here is a book that discusses hostile feelings between two ardent friends. Few books for children are as frank about the fact that human relationships do not always go well.

Yashima, Taro. *Umbrella*. New York: The Viking Press, 1958.

Momo is thrilled with her birthday present of a bright blue umbrella and waits for when she is able to use it. The day comes when it rains all day and the beauty of nature, even in its most cumbersome aspects, is enjoyed.

Zolotow, Charlotte. *Sleepy Book*. Illustrated by Vladimir Bobri. New York: Lothrop, Lee and Shepard, 1958.

This book shows how birds and beasts and little girls and boys all go to sleep.

For Children 8 Years and Older

Baum, Frank. *The Wonderful Wizard of Oz*. Illustrated by W.W. Denslow. New York: G.M. Hill Company, 1900.

A cyclone carries Dorothy from her Kansas prairie to the beautiful land of Oz. Down the yellow brick road she goes, but even though she relates to many new and wonderful places, home is where she wants to return.

George, Jean Craighead. *Julie of the Wolves*. New York: Harper and Row, 1972.

This is a book about a remarkably resourceful girl who manages to survive parental abandonment, attempted rape, and life on the tundra lost among the wolves.

Hamilton, Virginia. *M.C. Higgins, the Great*. New York: Macmillan, 1976.

M.C. Higgins is a 13-year-old boy who has a lot of challenges in his life, living as he does at the edge of a strip-mine area. He

understands this and helps his parents in coping with the land and in caring for his large, marginally poor family.

Leaf, Munro. *The Story of Ferdinand*. Illustrated by Robert Lawson. New York: The Viking Press, 1936.

Ferdinand is a Spanish bull who likes to sit in a pasture and smell flowers rather than fight in a city bull ring. How he manages to live his unconventional, peaceful lifestyle is the subject of this tale.

Lenski, Lois. *Strawberry Girl*. Philadelphia: J.B. Lippincott Company, 1945.

Set in Florida in the early 1900s, the story centers around the animosity between two families: the Slaters, oldtimers in the region, and the Boyers, recent arrivals from Northern Florida. How both families address the barren land, and each other's needs on it, is dealt with honestly and forcefully.

Lenski, Lois. *Judy's Journey*. Philadelphia: J.B. Lippincott Company, 1947.

This book focuses on migrant workers from Alabama who follow the harvest from Florida to New Jersey, battling nature, working the land.

Mathis, Sharon Bell. *The Hundred Penny Box*. Illustrated by Leo and Diane Dillon. New York: The Viking Press, 1975.

Interpersonal difficulties among adult relations as well as among parents and children are sensitively described in this story of a family's accommodations to an elderly relative.

Steig, William. *Abel's Island*. New York: Farrar, Straus and Giroux, 1976.

The story concerns a mouse, Abel, who at the outset leads a secure, comfortable life. One stormy day, flash flood waters carry him away and dump him on an uninhabited island, from which he is unable to escape. Faced with the daily challenges of subsistence in a hostile environment, he reexamines the easy way of life he has always accepted and discovers survival and artistic talents that hold promise of a more meaningful life when he does return home.

White, E.B. *Charlotte's Web*. New York: Harper and Row, 1952.

This book tells two stories. One is the story of a child, Fern, of her growing up, and of her changing relationship with family and friends as she grows up. The other is the story of a spider, Charlotte, whose love of a fellow creature in the barn, a pig named Wilbur, motivates her to save his life in a wise and witty manner.

Wilder, Laura Ingalls. *The Little House in the Big Woods*. New York: Harper and Brothers, 1932.

An autobiography, this first book begins the story of 5-year-old Laura and her family in the Wisconsin woods. The harshness as well as the beauty of this pioneer environment in which family and community growth is described in splendid detail.

Wilder, Laura Ingalls. *By the Shores of Silver Lake*. New York: Harper and Brothers, 1939.

Wilder continues the story of her early years, as the family now settles in Dakota Territory.

References on Books for Children

Listed here are reference volumes on American children's books. They deal with the content of these books and, in particular, with their relevance to understanding human behavior. As such, they may serve as further resource materials for parents and teachers.

Fassler, Joan. *Helping Children Cope*. New York: The Free Press, 1978.

An analysis of children's books for 4- to 8-year-olds, in terms of treatment of stressful life events: death and other separations from loved ones; illness and hospitalization; lifestyle changes of birth, moving, and divorce; and other potentially stress-producing situations such as dealing with financial problems, changes in family constellation, and natural disasters.

Lanes, Selma. *Down the Rabbit Hole*. New York: Atheneum, 1976.

A noted children's book editor and critic muses over some of the literary tastes and literary highlights of the 20th century. She provides an annotated book list of some of her favorite titles, making particular mention of those that deal with specific life crises for the child.

Larrick, Nancy. *A Parent's Guide to Children's Reading*. New York: Bantam Books, 1975.

Provided are suggested reading materials by topic: family crises, death, weather, ecology.

Lystad, Mary. *At Home in America* as seen through its books for children. Cambridge: Schenkman Publishing Company, 1984.

Analysis of the portrayal of the American family—its structure and function—in two centuries of American books for children. Included is analysis of the handling of significant life events, such as birth, death, sudden crises in the family.

Sutherland, Z.; Manson, D.; and Arbuthnot, M. *Children and Books*. New York: Foresman and Company, 1981.

This large compendium on children's books has a chapter on informational books in the biological, physical, and social sciences that relate to disaster situations.

Walsh, Jill. The art of realism. In: *Celebrating Children's Books*, edited by Betsy Hearne and Marilyn Kaye. New York: Lothrop, Lee and Shepard, 1981.

This chapter cautions that books on social problems do not necessarily solve those problems for the reader. How a reader reacts to the written word depends on his or her own individual experiences and psychological makeup.

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